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ABSTRACT

During 1970, 3 federally supported migrant health projects continued to serve New Jersey's migrant workers with comprehensive health care. In the 7 counties of principal migrant activity, 4,464 patients received health services. This group represented more than 60% of the noncontract workers. Migrant health programs in Burlington, Gloucester, Atlantic, Middlesex-Mercer, and Monmouth counties are described; the Salem and Cumberland county projects are covered in separate reports, but data for all counties are combined in this annual report. Information on clinical, public health, nursing, hospital, health education, dental, social, sanitation, family planning, and eye examination services offered by the projects is included. The tabular data includes statistics on service visits, referrals, migrant clinics, family planning, social services, sanitation, migrant school health programs, dental programs, and eye examination programs. Most of the statistical data in this report relating to personal health services was collected via a Service Visit Form developed in cooperation with the Data Processing Service in the State Department of Health. Also included is an annual progress report. A related document is ED 047 882. (NQ)

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1970 ANNUAL REPORT

MIGRANT HEALTH PROGRAM

NEW JERSEY STATE DEPARTMENT OF HEALTH

RC006717

NEW JERSEY STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

Information Sheet 1970 Season

*WHEN A MIGRANT WORKER NEEDS MEDICAL HELP**
**Physician, Nurse, Dentist, Hospital, Clinic*

COUNTY	AGENCY	PHONE
Atlantic	Atlantic County Health Department	625 - 6921
Burlington	Public Health Nursing Association	267 - 1950
Camden	Camden County Health Department	964 - 3300
Cumberland	Cumberland County Health Department	451 - 8000
Gloucester	Gloucester County Visiting Nurse Association	845 - 0460
Mercer	Princeton Hospital Dept. of Community Health Service	921 - 7700 Ext. 265
Middlesex	Middlesex County Visiting Nurse Association (201)	249 - 0477
Monmouth	MCOSS Family Health and Nursing Service (201)	747 - 1204 462 - 0621
Salem	Salem County Health Department Migrant Health Program	769 - 2800
All Other Counties	State Department of Health Migrant Health Program, Trenton	292 - 4033 (Area Code 609)

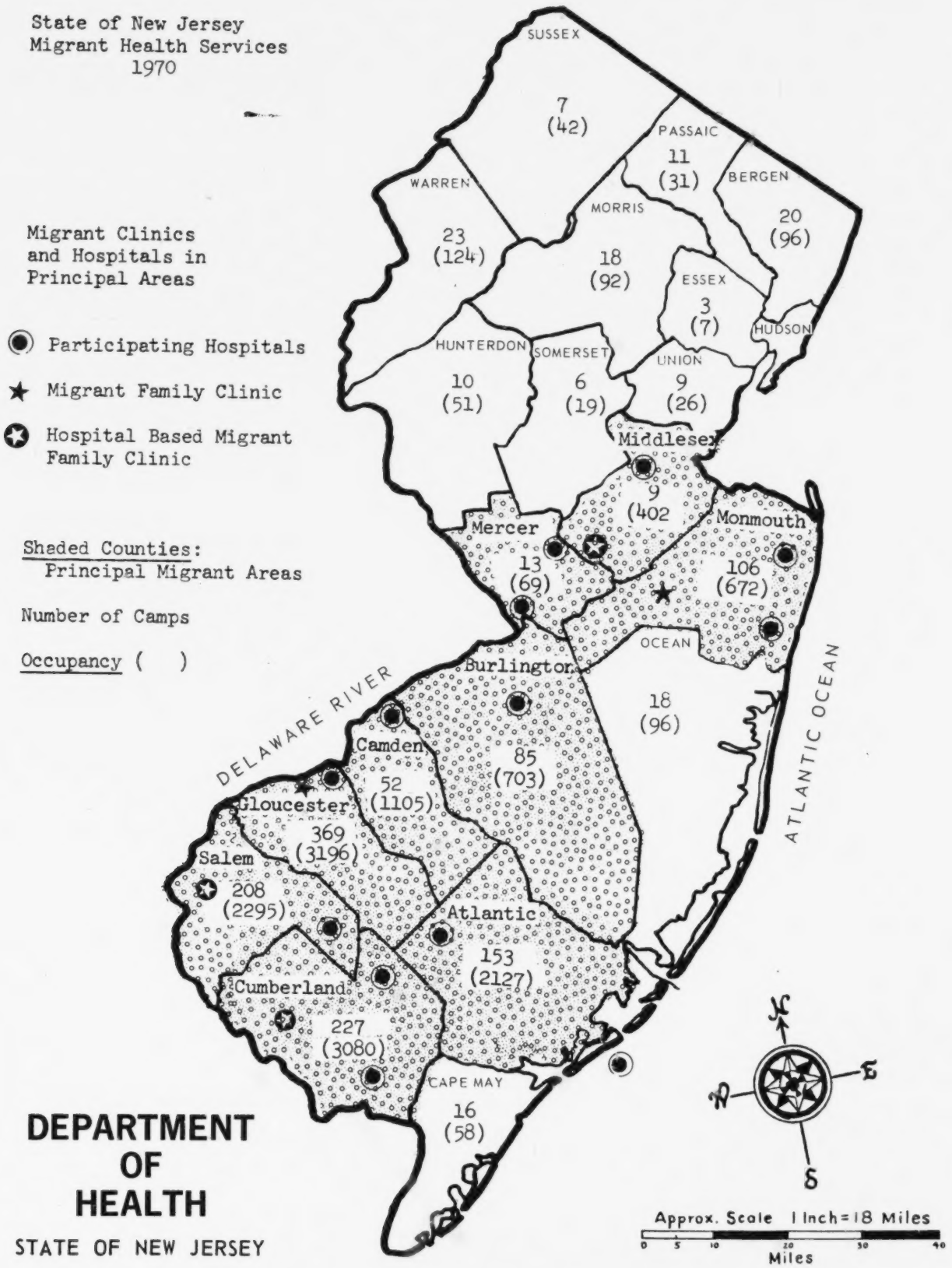
*WHEN A MIGRANT WORKER NEEDS OTHER HELP**
**Social Service, Welfare, Legal Aid*

COUNTY	AGENCY	PHONE
Burlington	Public Health Nursing Association	267 - 1950
Camden	Family Counselling Service of Camden County	964 - 1990
Cumberland	Cumberland County Health Department	451 - 8000
Gloucester	Family Counselling Service of Camden County	964 - 1990
Salem	Salem County Health Department Migrant Health Program	769 - 2800
Mercer, Middlesex	Family Counselling Service	924 - 2098 448 - 0056
Monmouth	MCOSS Family Health and Nursing Service (201)	747- 1204 462- 0621
All Other Counties	Migrant Health Program, State Department of Health, Trenton (609)	292 - 4033

MIGRANT HEALTH EVENING CLINICS
To Be Held in Counties Listed - Watch For Announcement

M7-076

State of New Jersey
Migrant Health Services
1970



DEPARTMENT OF HEALTH

STATE OF NEW JERSEY

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Visiting Nurse Association of Gloucester County
Margaret Manning, Director

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Rev. Reinhard VanDyke, Director

New Jersey Department of Education
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A. Joseph Rosena, Acting Chief, Bureau of Migrant Labor

New Jersey State Commission for the Blind
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Southwest Citizens Organization for Poverty Elimination (SCOPE)

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Dental Health Program

The following is a statement of Project Objectives:

To promote the establishment of comprehensive migrant health programs organized through county sponsorship.

To promote, extend and coordinate preventive health care programs that emphasize family health screening clinics and social services.

To promote programs of therapeutic medical care utilizing hospital out-patient services and local practitioners' offices.

To improve and extend the program of field nursing care and health education for the migrant worker and his family so as to raise the level of individual practice of health and hygiene.

To utilize existing community social services in order to improve the functioning of the migrant as an employee and as a parent.

To provide practical assistance and education in home management, food buying, food preparation to migrant women and teenage girls.

To obtain increased participation of volunteers and migrant aides who will receive orientation and training in the purpose and methods of rendering social and health services to migrant workers and their families.

To seek out the participation of existing community resources and the development of community awareness of the problems of the migrant family.

To encourage the provision of hospital out-patient, in-patient and laboratory services necessary to support the health objectives.

To stimulate the provision of health services to migrants through interdepartmental cooperation.

To coordinate migrant health services within the State with other states and with Puerto Rico.

MIGRANT HEALTH SERVICES
NEW JERSEY
1970

During the year 1970 three Federally-supported Migrant Health Projects continued to serve New Jersey's migrant workers with comprehensive health care. The Salem and Cumberland County Projects publish their own detailed reports, but combined data for all counties is included in this report. Peak total for migrants in New Jersey was reached in August at 12,680, several hundred above 1969. Reports indicate fewer women, children and family groups. Farm labor suppliers found the need for workers met quite adequately most of the season. The force of day-haul commuters, recruited in the cities, again proved to be increasingly significant. Rather favorable weather, smaller fruit crops but a larger vegetable crop resulted in generally higher production and work for the pickers.

The migrant health services by intensified efforts continued to increase their coverage of migrant workers. In the seven counties of principal migrant activity, 4,464 patients received health services. This group represents more than 60 percent of the non-contract workers. The State Project continued to organize and support direct personal health services in five principal migrant counties. About 60 percent of migrants treated in the State were served in these counties.

Most of the statistical data in this report relating to personal health services was collected via a Service Visit Form developed in cooperation with the Data Processing Service in the State Department of Health. Over several years this form went through a series of revisions. During this season, more than 15,000 completed forms, were sent in from the field, edited, and the information on each form recorded on a punch card. Identification of individuals was by Social Security Number.

Clinical Services

There were several innovations and improvements in the pattern of evening clinic services in the Summer season 1970. In Gloucester County a new County Health Center was made available. The two contract nursing agencies in Middlesex and Mercer Counties sponsored a joint clinic at the Cranbury School. In each case larger numbers of patients received services. Attendance for all counties increased over 1969 from 1454 to 1978 and clinic sessions from 77 to 112. General physical examinations were provided for 1798 patients. Treatment visits for a disease or condition increased from 2044 to 2382 and the number of patients receiving physician treatment increased by more than 300. A special project for discovery of eye disease, carried on in cooperation with the State Commission for the Blind and the State Department of Education was continued for a second year. Qualified opthalmologists examined 385 children and 91 adults. Of the children 74.6 percent had positive findings and nearly one-third received prescriptions for glasses. Of the adults, more than 90 percent showed positive findings and almost 80 percent were prescribed glasses.

Public Health Nursing Services

In addition to organizing evening clinic services in six counties, the nursing services provided seasonal outreach nursing visits for casefinding and referral of patients living in migrant camps. A total of 10,779 service visits were provided by nurses, 5,100 of these in migrant camps. Health screening services by nurses included 1,209 visits for well-child care, 197 prenatal visits, and 1902 visits for Tuberculosis testing. Nearly all pre-screening for eye defects was performed by nurses, who reached more than 2,000 children.

Hospital Services

Under a continuing understanding with the New Jersey Hospital Association, all 123 member hospitals are available to migrants. In-patient care in 1970 was furnished in 15 hospitals in 10 counties who admitted 148 patients and provided 1,315 days of care. More than $90,000 in charges were submitted and $42,000 was reimbursed from Federal and State Appropriations. In addition, more than $12,000 in hospital out-patient services were furnished to 527 patients who made 794 visits.

Health Education

Public health nurses assumed the major role in bringing health education to the migrants with 5,359 visits in which health counseling was provided. Dental students also conducted educational programs with 1,575 school children and with 687 adults at evening clinics. A Home Economics teacher provided 108 visits of individual teaching in home management, food buying and meal planning with selected families. She also conducted food demonstrations at evening clinics. A Project Advisory Board enlisted the participation of selected migrant workers and leaders in a discussion of the use of health services.

Dental Services

In cooperation with the Dental Health Program a comprehensive program of dental health education and restorative services was conducted for more than 2,000 school children. Treatment was provided by 11 dentists and one dental hygienist, assisted by nine dental students and trained dental assistants. The adult treatment program was expanded in 1970 with the establishment of two additional evening clinics and the extension of the seasonal schedule. More than 250 adults received treatment.

Social Services

The program of outreach social services, conducted by professional agencies in five major migrant counties showed continuing improvement in responsiveness to the needs of the workers and involvement of the community. Caseworkers provided 1,544 service visits and served 579 cases of whom 452 were new or reopened in 1970. The social agencies were particularly active in aiding migrants through the provision of transportation and in acting as advocate for the migrant in obtaining community social and welfare services. Interviews with or in behalf of migrants totalled 3,127 and dealt with a wide variety of problems,

including mental health, housing, legal aid and recreation. Direct service from the community included a migrant committee-sponsored thrift store, a corps of volunteer drivers and a series of Sunday socials.

Sanitation

The year 1970 was also a critical one in the improvement of living conditions in migrant camps. January 1 was the deadline for completion of installation of water-borne sewage disposal systems for all camps. On that date 447 camp operators had complied. The State Project assumed the major role in coordinating requests for service between the Migrant Labor Bureau and Local Health Services, facilitating the survey of sites and the inspection of facilities. By year's end 634 more camps came into compliance, a substantial accomplishment. At the same time the potable water certification program which became state-wide three years ago achieved new skill and acceptance in the survey of 1,388 camps.

Evaluation

Statistical data showed numerical increases in the volume of health services delivered to migrant workers and their families. It is suggested that by emphasis on outreach methods, extension of transportation and the employment of interpreters and bilingual workers, an increasing proportion of the migrant population are being reached. The enlargement of evening clinic services and the employment of a variety of screening devices has brought to treatment more persons having a wide variety of medical conditions. Areas of previously unmet need served better in 1970 include eye treatment and dental care.

Environmental conditions in the camps have yielded to persistent efforts to raise standards. Water supplies are maintained under continuous scrutiny. Flush toilets and underground sewage disposal are an advantage now available to all migrants in the State. The Project, by coordinating interdepartmental operations and supporting legislation for further improvements, has helped to bring about improved living conditions with State, local and private financing.

The right of migrants to other services and help within the framework of existing institutions has been asserted by Project agencies speaking as an advocate of the workers. The social caseworkers have been especially active in this regard. Volunteers and community groups have continued to serve and to extend related services.

Although migrants have been assured the availability of hospital services, the need for full financial support is a continuing problem. The Project continues to seek resources for unpaid charges.

Recommendations:

There is no phase of the program that could not be improved by increased sensitivity to the needs of the patients. Better communication will be a principal method of obtaining a more precise assessment of needs. Emphasis will be placed on the employment of bilingual personnel. Better transportation and more accessible services will assure the delivery of services to more people.

PHYSICIAN TREATMENT SERVICES

The migrant projects in the various counties employ varied systems of physician service according to their needs and the resources available. For example, in Monmouth County, where there is a cooperating hospital with a full range of clinics, patients are mainly referred through the screening activities in the migrant evening clinic. In Gloucester County a community practitioner serves as Medical Director in the migrant clinic and treats patients at his office as well. Fee-for-service arrangements are generally available to meet needs where a more organized system of screening and referral is not feasible. Migrants served by this method totalled 392, whereas 2093 received physician services in migrant health clinics. General physical examinations were provided for 1798 patients in clinics.

Initial visits for Treatment for a disease or condition totalled 1751, with 631 revisits to the physician. The number of first visits increased by more than 300 patients. A comparison of physician visits by county is shown in the following chart.

Patient Visits and Revisits for Treatment 1969-1970 Compared

County	Total Visits		First Visits		Revisits		Percent of Revisits	
	1969	1970	1969	1970	1969	1970	1969	1970
Total	2044	2382	1436	1751	608	631	29.7	26.5
Atlantic		14		14				
Burlington		42		41		1		2.4
Cumberland	1028	974	601	659	427	315	41.5	32.3
Gloucester	143	146	95	125	48	21	33.6	14.4
Mercer	17	6	17	3		3		50.0
Middlesex	62	187	44	101	18	86	29.0	46.0
Monmouth	75	129	49	93	26	36	34.7	27.9
Salem	699	884	615	715	84	169	12.0	19.1

Diseases, injuries and other conditions reported by physicians in the 1751 persons treated follow essentially the same pattern of incidence as in recent years. An exception is Tuberculosis, with 41 cases seen, as compared to 16 cases in 1969. Despite a prevalence of parasites in years past, only 6 cases were reported. Venereal diseases also only accounted for 14 cases. Other common conditions found were: diabetes 17, hypertension 21, bronchitis 33, peptic ulcer 18, urinary tract infection 20, abcesses 28, dermatitis 29, and lacerations 116.

FAMILY PLANNING SERVICES

Although family planning services have existed for a number of years in some of the principal migrant areas, the problems of inaccessible locations, inadequate transportation and inconvenient clinic hours have helped to limit the number of women served. Wherever possible, the program has included in budget plans, sufficient funds for purchase of these services where necessary, and for the inclusion of this activity in existing migrant evening clinics. The present status of services is depicted in the chart in this report. Many gaps in services in different areas still exist.

In October 1970 these problems were presented to a Planning Committee for New Jersey's State-Wide Family Planning Project, which will sponsor a Workshop for interested agencies in January 1971. Emphasis will be placed on stimulation of local interest and the participation of representatives of various ethnic groups in operation and planning of the program. A Nurse-Consultant, assigned to the State Department of Health, specially trained in family planning services has continued to search out resources for migrants and has provided the program with information and consultation.

MIGRANT HEALTH CLINICS

There were several changes in the pattern of evening health clinics in 1970. In Gloucester County a new County Health Center was opened. The Nursing agencies in Middlesex and Mercer Counties operated a clinic jointly, located at a school building in the agricultural area. A pilot project nursing clinic was established at the site of the clothing store for migrants in Middlesex County. Dental clinics were initiated in both the Gloucester and Middlesex-Mercer areas.

Clinic sessions increased from 77 to 112 and attendance rose from 1454 to 1978. Except for the nursing clinics, all sessions were covered by physicians. All counties except one this year offered bus service for patients needing transportation to clinics.

PUBLIC HEALTH NURSING

The public health nurse has the major role in providing and facilitating health services for migrant patients. The nurse's role begins in the planning and survey of health needs. She implements the basic outreach operation, provides the health teaching, furnishes service and direction in the clinic and is responsible for continuity of medical care.

All nursing services providing care for migrants under this program have qualified supervision and direction. Consultative help in nursing service was provided by the Nursing Consultant in each State Health District, these consultants participated in planning meetings with the agencies and with the State Coordinator.

In each county where there is sufficient concentration of migrant workers, the migrant nursing services are organized and directed by a full-time public health nurse at the supervisory level, with consultation from the agency nurse-director. Staff or seasonally-employed nurses employed full-time during the months of agricultural activity. Regular staff nurses are assigned as needed. This pattern prevailed in six migrant counties in 1970, the remaining counties operating nursing services on an on-call basis.

Of the 18,264 service visits furnished to migrants, 10,779 were provided by nurses. Of the total, 5100 service visits were in the migrant camps. The nurse is also the key person in health supervision in schools and day care centers. In relation to hospital services 488 referrals for out-patient care and 25 referrals for in-patient care were made by nurses. In addition 265 migrants received pre-discharge assistance or post-hospital follow-up care by nurses. In the health screening activity, nurses participated in 1209 visits for well-child care, 197 visits for prenatal care, 1902 visits for TB testing and 496 visits for auditory screening.

Health Education

Public health nurses assumed the major role in bringing health education to the migrants with 5,359 visits in which health counseling was provided. Dental students also conducted educational programs with 1,575 school children and with 687 adults at evening clinics. A Home Economics teacher provided 108 visits of individual teaching in home management, food buying and meal planning with selected families. She also conducted food demonstrations at evening clinics. A Project Advisory Board enlisted the participation of selected migrant workers and leaders in a discussion of the use of health services.

HOSPITAL SERVICES

New Jersey hospitals providing in-patient services for migrants under reimbursement agreement in 1970 totalled 22. However, under a continuing understanding with the New Jersey Hospital Association, all 123 member hospitals stand ready to admit migrants and can apply to the project for reimbursement. Admissions are generally of an emergency nature, take place necessarily without prior notification to the Project, and are often the result of accidents. Reimbursement for full maternity care in New Jersey since the inception of the Project, has been assumed by the Maternal and Child Health Program, and it is a Project policy to exclude that service from the regular hospital reimbursement. Thousands of male contract workers, mainly from Puerto Rico, receive coverage of their hospital care under an insurance policy which is part of their employment benefits. It is not possible to report the value of their hospital benefits currently, but in the year 1967 the hospitals received about $25,000 from that source. The Project also makes use of benefits for infants and children in specialty hospitals paid for under the Crippled Childrens Program.

In-Patient Services

Hospital in-patient care for which reports were submitted to the Migrant Health Projects in 1970 represents the participation of 15 hospitals in 10 counties who admitted 148 patients and provided 1,315 days of care. The financial support for these patients' bills may be broken down as follows:

County	Regular Charges	Cost * Basis	Federal Payment	State Appropriation	Balance of Charges
Cumberland	$19,926.30	$14,109.18	$ 7,054.59	Prorated	$12,871.71
Salem	28,198.55	19,326.40	9,663.62	Prorated	18,534.93
All other Counties	42,634.03	32,251.70	15,863.90	Prorated	26,770.13
Total	$90,758.88	$65,687.28	$32,582.11	$10,000	$48,176.77

* Reimbursement Formula = 50 percent of Medicare Per Diem Rate

The "Balance of Charges" in the chart above represents a portion of cost for which there has been no appropriate source of reimbursement. An attempt has been made to obtain an increased State appropriation for this purpose. Although this request received the approval of the State Commissioner of Health, it has not yet been funded. In some counties, boards of freeholders may be asked to furnish partial reimbursement of unpaid costs but we have no confirmation of this. Currently, the State Welfare Department interprets HEW regulations regarding residency to mean that migrants come to the State for a "temporary purpose" and are therefore not eligible for Medicaid.

Those who do apply may also be excluded by a strict interpretation of income level based on a high weekly wage during a short season or may face long delays in the establishing proof of eligibility.

A review of the utilization of hospital services and charges since 1965 reveals surprisingly few changes. Admissions in 1970 were lower than in any year since 1965, but patient days remained close to average. Although the total charges were a little less in 1970, the unpaid charges were nearly the same as for a number of years, about $50,000. This probably reflects higher fees for materials and services. It is evident that funds for migrant hospital bills sufficient to eliminate this deficit will require a State Appropriation large enough to match the Federal payment.

Out-Patient Services

There was a slight reduction in the number of patients served and the number of visits to hospital out-patient departments. However, reflecting a steady rise in fees, the total bill remained about the same. The year 1970 is reported as follows:

Services and Charges for Hospital Out-Patients 1970

County	Patients Served	Visits	Charges
Cumberland	217	297	$ 4,493.20
Salem	165	207	2,969.00
All Other Counties	145	290	5,351.90
Total	527	794	$12,814.10

DENTAL HEALTH SERVICES

The dental health services of the 1970 Migrant Health Program continued its primary function of providing treatment and education to children in schools for migrant and rural deprived children. Services also included an expanded program for adults in Migrant Clinics. The dental services were coordinated by the Assistant Coordinator of the State Dental Health Program who was assigned full-time to the program during the season.

Traineeship Program

Dental students were recruited for traineeships by means of letters to dental schools and by word of mouth. Interviews were held during the spring, students were selected by May, and assignments were completed by June. Seven dental students provided dental health education, assisted in diagnosis and treatment at evening clinics, and helped teachers in the schools give the migrant children the important feeling that they are important as individuals and that someone cares about their welfare and development.

The traineeships were arranged through the Division of Local Health Services and funded by the United States Public Health Service. The students worked under the direction of the Assistant Coordinator of the Dental Health Program. Four had completed their freshman year, and one, who had been in the program before, had completed two years.

In the migrant schools, the students were the liaison between the child and the dentist. They escorted each child to the dental chair, and provided encouragement, reassurance, and confidence. The students used giant toothbrushes and mouth models to demonstrate proper brushing to individual students and to classes. Slides, movies, and posters were also used to educate the children. Charts, certificates and other visual aids were obtained from manufacturers and also used.

School Treatment Program

Preparations for the program began in November, when supply inventories were checked, and needed supplies were ordered. In January, letters went out to dentists asking them to participate in the program. Letters advertising the program went to post-graduate bulletin boards in the area's six dental schools. Students and dentists who had participated in the program in the past were asked to recommend prospects. Uncertainties and changes in school schedules and in personal commitments required rearranging schedules until July.

Dental treatment was provided by 11 dentists and one dental hygienist working in clinics, private offices, mobile trailers, and classrooms. All of the dental assistants were either dental hygiene students or full-time assistants. Through the dental students, screening services were provided to over nine hundred children in 25 Head Start centers.

Adult Treatment Program

The evening clinic for migrants was conducted again at the Salem County

Health Department in Woodstown. Because it was successful and popular, its operation was extended for two additional weeks at the request of the County Health Department. An evening treatment clinic in Woodbury was operated at the Gloucester County Health Center. The Gloucester County Health Coordinator obtained the use of the mobile trailer belonging to the County Dental Health Committee, a private group. A wider range of services, such as restorative and periodontal, were provided. A third evening clinic was established at the Cranbury School. This clinic provided treatment limited to extractions.

Summary

Eleven schools in six counties were served, four evening clinics were operated, and over 200 children and 250 adults were treated. Provisions were made to monitor the quality of treatment. The public health nurses were cooperative in scheduling transportation, both for children and adults. Rapport with adult migrants who could not speak English was good, thanks to the interpreters who were provided by the county health departments.

Evaluation and Conclusion

There is a need for expansion of pre-school and adult services.

Recruitment of additional dentists is needed.

More restorative work for adults was provided, and still more is needed.

The use of well-equipped dental trailers at school sites and clinic locations makes possible more treatment and more comprehensive services.

MATERNAL AND CHILD HEALTH SERVICES

Prenatal care, delivery and postpartum services, provided for migrants in New Jersey hospitals, were continued for the eighth year under an arrangement with the Maternal and Child Health Program. Reimbursement was based upon per diem and per visit cost as determined under Blue Cross rates. Eleven hospitals participate. All hospitals, who provide maternity services for migrants were reimbursed under this program.

For the year ended June 30, 1970, 68 patients were registered under the Maternity Program, and 37 patients were admitted for delivery with 131 days of in-patient care. Prematurity and other complications were covered. Prenatal visits, postpartum care and all required tests were covered, for a total of 299 out-patient hospital visits. Costs reimbursed to the hospitals totalled $9,631.97.

Screening and follow-up care provided to patients by migrant project personnel included 197 prenatal visits by nurses, 181 to physicians, as well as 50 postpartum visits. These services were furnished at migrant clinics and in migrant camps.

In-patient care for children under the age of 21, having eligible conditions, was provided through the Crippled Childrens Program without charge to the Migrant Health Project. However, data processing operations are not programmed to report services to migrants separately, so the value of this service is not available.

EYE EXAMINATION SERVICES

The New Jersey Commission for the Blind, the State Department of Education, and the State Department of Health, coordinated a second program of eye examinations for the migrant population of New Jersey. An analysis of the 1969 program strongly supported the hypothesis that migrants were in need of eye health services. Thus, an extended program was conducted in an effort to reach larger numbers of migrant children and adults. The procedures for the program followed those initiated for the 1969 program.

Planning and Structure of the Program

Reference is made to the findings reported in the Annual Report, Migrant Health Program 1969. The decision to repeat and extend this activity in the 1970 season was based in part on the very positive feelings of project personnel that this was a valuable service and met unfulfilled needs of a substantial number of children and adults in an economical way. For the sake of brevity, the detailed administrative procedure and field operation will not be recounted here. There was a joint planning conference on January 21, 1970 and in June 29, 1970 an Orientation Conference for School and Public Health Nurses was also held. Nineteen schools and six county migrant nursing agencies were included in the program.

The nursing personnel in migrant schools screened migrant children from preschool age to the high school age level for referral to the unit for examinations. Screening procedures included the use of the Snellen E Chart in most cases. Children who failed to read the critical line for their ages with either eye were referred (critical lines were as follows: age 3-5 - 20/40; 6-7 - 20/30; 8 and over 20/20.) Referrals for examination were also made by a check list of symptoms.

Field nurses from County Health Departments and Visiting Nurse Associations referred adult migrants according to symptomatology, using guidelines furnished by the Commission's Eye Health Service.

The program was conducted from July 14, 1970 to August 14, 1970, consisting of 24 four-hour day-time sessions for examinations of children and 8 two-hour evening sessions for examinations of adults. Nine ophthalmologists from various sections of the State served on the unit, as well as a technician who aided the ophthalmologists and drove the unit. The unit served 15 locations in Salem, Gloucester, Atlantic, Cumberland, Burlington, Middlesex and Monmouth Counties and traveled approximately 1600 miles.

Findings

A total of 2064 children were screened of whom 385 or 18.7 percent were referred to the Mobile Unit. Of the children referred to the unit 74.6 percent (288) were found to have positive findings. This indicated that 13.9 percent of the children screened had some type of visual difficulty.

Of the conditions reported for the 288 children with positive findings 79.8 percent had some type of refractive error. This indicates that 11 percent of those screened suffered from a refractive error.

Ocular motor muscle anomalies were reported for 6.2 percent of those examined. This indicates that less than 1 percent of those screened had some type of muscle disorder.

Amblyopia was reported in 5.2 percent of those examined and is less than 1 percent of those screened.

External ocular findings and diseases were reported in 4.5 percent of those examined; representing less than 1 percent of those screened.

Other pathological conditions were reported such as nystagmus, traumatic cataract, micropthalmia bilateral aphakia, and retinal detachment.

Discussion

The 1970 program results are fairly consistent to those obtained in the 1969 program. They indicate that 18.7 percent of the children screened were referred for eye care. By age group the referral rate is highest for the 15-19 year olds and is 56.5 percent of those screened. In this group 92.4 percent had positive findings. The lowest was the 3.6 year old age group in which 62.5 percent had positive findings. We do not feel the percentage of over-referral is significant since nurses were encouraged to refer children who could not be trained to respond to the visual acuity screening: these migrant children would otherwise have little opportunity for complete eye examinations.

Treatment and Recommendations

Of the 385 children examined four were uncooperative, thus recommendations were given for 381 children. Of the 381, 31.3 percent were given a prescription for glasses; 7.2 percent were referred for a further evaluation by an ophthalmologist; 58.6 percent were recommended to have a routine examination (ranging from six months to a year).

Of the 120 children who received prescriptions for glasses, all have been supplied with their glasses.

Follow-up

Follow-up was conducted and is still in process by the three cooperating agencies. Of the 30 children referred for further evaluation, 7 have received surgery for extraocular muscle disorders, 22 have been referred and are currently under supervision and treatment by ophthalmologist and cooperating agencies, such as New Jersey Bureau of Childrens Services, Florida State Department of Health, New Jersey Medicaid, and Wills Eye Hospital.

Conclusions

The statistical findings support the continuation and extension of this in terms of pathology found, relative cost and services rendered.

Analysis of the present program suggests that the migrants are a group which are much in need of treatment for eye disorders and that continuing programs are a must if we are to meet their needs.

Adult Eye Examinations

Public health nurses in seven counties received orientation and instruction in casefinding and screening for eye diseases. Accordingly, when visiting migrant camps and at migrant evening clinics, special attention was given to referral of patients with visual defects or complaints. Following the screening, arrangements were made to station the Mobile Eye Examination Unit for at least one evening in each of the principal migrant areas. The patients were transported to the clinic location. As seen in the chart below more than 90 percent of those referred had eye disease or needed correction of vision.

RESULTS OF EYE EXAMINATIONS FOR ADULT MIGRANTS OVER AGE 20

Number Examined	
Normal	8
Positive	83
Total	91
Diagnosis	
LENS	
Cataracts	1
Lens Opacities	1
CORNEA	
Corneal Scar	1
Conjunctivitis	6
Conjunctivitis/Refractive Error	19
Conjunctivitis/Pterygium	1
Conjunctivitis/Aphakia	1
AMBLYOPIA	1
MUSCLE CONDITIONS	
Exotropia/Refractive Error	3
EYELID CONDITIONS	
Ptosis	1
MISCELLANEOUS	
Refractive Error	40
Pterygium	5
Pterygium/Refractive Error	2
Recommendations	
Rx given for glasses	66
Med. Rx given	2
Med. Rx & Rx given for glasses	7
Refer for further evaluation	1
Routine recheck	15

MIGRANT SCHOOL HEALTH SERVICES

1970 marked the twenty-third year that New Jersey provided summer schools for migrant children. Under the direction of the State's education program for migrants and the seasonally employed, nineteen schools were operated. They offered a health service that included physician examinations, health screening service and referral for diagnosis and treatment. The basic school program encompassed day nursery care through the grades and serves children through age 16. Each school had an assigned physician plus a full-time nurse. A nurse coordinator supervised the health activities and provided the connecting link between the school health service and the Migrant Health Program. During the rest of the year, the nurse-coordinator continued to function full-time in follow-up, planning and in interdepartmental coordination.

This year, health services were provided for 2460 children of whom 1180 met the definition of Out-of-State migrant. Children so defined are eligible for out-of-school medical care services paid for by the Migrant Health Program. For example, they may receive hospital services, eyeglasses and other specialized medical care services. Working in close cooperation with the Migrant Health Program, over the years, the School Health Program has become more refined, more comprehensive and more self-sufficient.

Children in migrant schools received 3546 service visits, including 1600 general physical examinations by the school doctor, 2000 tuberculosis screening tests and 1947 hearing tests. Of 142 children with major defects, 93 received corrective treatment.

Two aspects of the school health service require special mention. One is the dental treatment program, operated under the direct supervision of the Dental Health Program of the State Department of Health. A total of 1271 children were screened, 400 received treatment during 1325 visits. Each child visiting the dentist received toothbrushing instruction and in addition, class programs in dental health and tooth care demonstration were conducted for all groups.

For a second year the State Commission for the Blind provided mobile eye examination services. Of 2157 children screened by the school nurses, 335 received opthalmology examination. Of these, 184 were referred for corrective treatment including 135 who received glasses.

Through the Migrant Health Program, arrangements were made for a special immunization team to vaccinate children age 1 through 10 against Rubella. During three days in August 574 children in 13 schools in seven counties received the injections.

An increasing percentage of health defects and health needs encountered in migrant school children are now being met, both within the school health program and from coordinated services. This is due in part to extension of the program made possible by more adequate funding, and by full-time employment of the nurse-coordinator. Efforts have been focused toward increased inter-departmental cooperation and joint planning to create new and improved services.

SOCIAL SERVICES

The program of outreach social services, conducted by professional agencies in five major migrant counties carried forward through the 1970 Season. Although there were no gains in volume of services, there was continuing improvement in the responsiveness of the programs. Cumberland and Salem Counties made their own arrangements, but in Gloucester, Mercer and Middlesex Counties, services were provided directly through contract arrangements with the State Project.

Outreach Casework Program

Visits were made to farms and other places where the migrants congregate at least weekly so as to build relationships with the farmer, the contractor and the migrants, and to become aware of the problems, so that the migrants feel comfortable enough to seek help with their problems. This is a time-consuming task, that requires sensitivity on the caseworker's part in recognizing when it is not convenient, or proper, for the caseworker to visit a farm, either from the farmer's, crew leader's or migrants' point of view.

By the nurse and social worker visiting the camps together, a more comprehensive service is provided and reduces the number of trips. This team approach achieved a clearer recognition of our respective roles and responsibilities and produced a better and smoother working relationship between the staffs, community and client contacts. The nurses and hospitals were contacted almost daily regarding transportation needs and emergencies. As we work more closely with agencies, both private and governmental, we constantly see situations where the quality of the service is enhanced through inter-agency involvement.

Every effort is made to provide as much casework service as possible off the camps due to the fact that going onto the camps is disruptive to the farming process and hinders the workers' earning capacity. The worker is also less apt to seek help under the eye of the contractor.

Cases served totalled 579, of whom 452 were new or reopened during 1970. These referrals showed that the largest source was the school and public health nurses who also made a large increase. The caseload was almost one-half Spanish-speaking. Transportation, physical health and financial aid still head the list of problems, in that order of frequency. However, a simple recording of the kinds of troubles encountered by migrants does not adequately portray the extent of their deprivation and suffering as seen by the caseworkers. There are cases of families arriving in search of work without food, housing or funds.

Effective implementation of this program requires that staff reach out to the farm community in order to understand the local situation and to gain acceptance onto the farms. When a migrant asks for assistance, the social worker's task is to make an evaluation of the client's desires and needs, and his ability to work towards a solution of his problems. The caseworker takes into consideration the effects of the client's present environment and the supports and resources available to him by his family, co-workers and the community. When indicated, referrals are made to other agencies. The caseworker often must act as an advocate of the migrant as he attempts to deal with his problems.

Their isolation on the farms, the influence of the contractor, the job responsibilities and shortness of employment in the area all contribute to the difficulty of establishing realistic treatment objectives with the worker, and in carrying them out.

Many of the migrants have formed behavior patterns which make them unacceptable to most employers. The system of manipulation, exploitation and poverty with which they have grown up has left its scars. Any basic change for the better in their lives will require a desire on their part as well as a great deal of supportive therapy and community concern.

Some of the workers who complain about the conditions under which they live and ask for help to change their way of living never really involve themselves to bring this about. For the workers who do have this desire and try to change, it is often difficult to provide sufficient supportive counseling and community involvement to help them get out of this cycle they are fighting. For many the problems they face are too great to really try.

However, for the farm worker wishing to leave farm work, there are many barriers to overcome. There is the psychological dependency upon the system of which he is a part, plus the force and fear that a crew leader exerts. Added to this is the great scarcity of housing, limited skills for other employment, poor rural public transportation, and limited opportunities. All this, plus the emotional trauma and resistance to changing one's style of life. Consequently, although there are many individuals and families who would like to leave the migrant stream, and possess the skills and abilities to do so, do not because they feel unable to cope with the pressures of changing their life style.

Supportive Community Involvement

The social service program in each of the counties is involved to some degree in obtaining and organizing community support for migrant workers. In some instances this involves material contributions such as food and clothing or the services of volunteers. In the Middlesex-Mercer area a formal committee of residents, farmers and professionals has functioned for several years. The present membership is 33, including the ministers of four area churches and four active working committees. The social service program has assumed a prominent role in this committee since its formation.

PROJECT ADVISORY BOARD

In compliance with Section III A, of the Policy Statement dated May 1, 1970, the Project sought to organize a Project Advisory Board, drawing membership from the County Projects. Two meetings were held, the minutes of which are hereby reported:

Minutes of Meeting, Sunday August 30, 1970

Held at State Department of Health, Southern District Office, Haddonfield, N. J.

Workers: Mr. Figueroa (Salem), Mr. Ruiz (Salem), Mrs. Walls (Cumberland), Mrs. Key (Cumberland), Mrs. Rose (Mercer), Mrs. Stewart (Middlesex), Mrs. Alicea (Gloucester), Mrs. Portalatin (Gloucester), Miss Portalatin (Gloucester).

Project Personnel: Ann L. Brown (Interpreter), Gordon R. Civalier (Case-worker), William P. Doherty (Project Director), William Rhoads (Social Worker), Marcia Sabshin (Social Worker), Mary Jane Scruggs (Project Manager), Kay Zimmerman (Agency Director), Andrea Savitz (Project Nurse), Thomas B. Gilbert (Project Director).

Other Participants: Thomas F. Maloney (Farm Placement Technician), William Bader (Volunteer).

Absent: Jose Sepulveda (Worker, Monmouth), Jack Thomas, Sr. (Crew Leader, Monmouth), Roberta Forchia (Ex-Worker, Burlington), Mrs. Antoinette Lang (Agency Director, Burlington).

The meeting was opened at 1:30 P.M. with the State Coordinator presiding. The purpose of the meeting was explained as an opportunity for workers to express their opinion on the health services or to voice complaints.

When invited to speak about the service, one worker from Cumberland County made a very favorable evaluation of the program, followed by workers from Gloucester and Middlesex Counties who made similar remarks. One worker told of not being accepted for treatment at a hospital emergency room on a Saturday evening. However, it was brought out that she was directed to the office of a private physician who cooperates with the Project.

The case of a Puerto Rican worker being discharged from the hospital and needing funds to return home was discussed. It was also brought out that workers often do not want to return.

A rather long discussion was begun by one of the workers regarding complaints against health services in Florida. Items mentioned were the lack of a migrant program for maternity care in West Palm Beach and workers being required to pay for hospital care in Dade County. The remarks that were made seemed to indicate that migrant project nurses follow-up on hospital referrals rather than doing outreach visits and that Mobile screening was provided without follow-up. Workers not necessarily needing follow-up would like to be supplied with the location of migrant clinic services before returning to Florida. It seems

important that the workers be advised of the results of their examinations even if nothing is found wrong. One New Jersey patient complained that she did not receive a hospital surgical checkup following an operation.

It was also stated that some workers prefer to go to a private doctor and pay for their own treatment. This makes them feel more independent and may explain the reluctance of some to attend clinics. It is strongly felt that the crew leader has a responsibility to look after workers' needs. Nevertheless, there is a need to reach more workers with information about health services. Some farmers do not inform the workers. A positive approach to farmers to promote the health program is required to obtain their participation.

Minutes of Meeting, Sunday October 11, 1970

Place: State Department of Health, Southern District Office, Haddonfield, N. J.

Workers: Mr. Figueroa (Salem), Mrs. Alicia (Gloucester) and Miss Portalatin (Gloucester).

Project Personnel: Marcia Sabshin (Social Worker), William P. Doherty (Project Director), Edith Linder (Project Nurse), Mary Jane Scruggs (Program Manager) and Thomas B. Gilbert (Project Director).

Other Participants: Florence Berman (District Consultant) and Thomas F. Maloney (Farm Placement Technician).

The meeting began at 1:30 P.M. with the State Coordinator presiding. The purpose of the meeting was to discuss health services to the migrant worker in New Jersey and to suggest ways to improve health services to workers.

Migrant representatives voiced their satisfaction with available health services but it was felt some areas needed to publicize health services so the worker would know what was available and where to go when he needed medical aid. Suggested ways of publicity were: Distribution of pamphlets to workers; word of mouth; use O. E. O. agencies to publicize health services.

Other factors influencing the migrant worker while in New Jersey were discussed, one of which was the contract worker. Advantages cited were: Hospitalization insurance; coverage of transportation expenses; guaranteed wages. Disadvantages cited were: Worker does not feel free--he is unable to select his employer and does not voice complaints because he feels bound by the contract; worker does not always receive a correct wage because of inconsistent methods of bookkeeping by the different foremen; both farmer and worker are sometimes confused about the method of obtaining health services.

Lack of recreation for workers was also pointed out. Suggestions for recreation were: Movies at camp locations; mass on camp; ball games; picnics.

While recreation is not an activity of health departments, it was felt other community agencies and workers, themselves, could contribute in this area.

The main point to emerge from group discussion was the need for leadership among the migrant workers. Although the Commonwealth of Puerto Rico represents the workers, they do not know how to communicate with that agency. They are not really aware of available services and feel too insecure to seek help. With representation from their own peer group, it was felt workers would voice their opinions and seek aid more readily. For leadership development among workers, it was suggested County projects work with the migrant representatives on their Advisory Boards.

Discussion of differences in customs of Puerto Rico and the mainland, language barrier, and differences in medical systems in Puerto Rico and the United States did not produce any constructive suggestions but it did give everyone a better understanding of the migrant worker's feeling of fear and confusion when on the mainland.

It appears that the problems of distance and time make participation in a state-wide Advisory Board very difficult for widely dispersed areas. It is recommended that boards could be set up on a local basis more easily and would provide more meaningful communication.

SANITATION

The New Jersey State Department of Health continued to function in its role as consultant, coordinator and expediter in maintaining standards for clean water and sanitary sewage disposal in migrant camps. Inspectors from the Bureau of Migrant Labor inspected the housing and enforced compliance with the standards.

The water certification program for migrant camps completed its third year on a state-wide basis. Coordination of the service by the Migrant Health Program with county and local health departments has established routines and facilitated the issuance of certificates of compliance to camp operators. All water supply systems for nearly 1400 camps were inspected by Health Department Sanitarians who took samples for testing at the State Laboratory. Camps receiving satisfactory test results totalled 1244 with 22 unsatisfactory and 122 with municipal water supplies.

January 1, 1970 was the deadline for installation of septic tanks and flush toilets for all camps. On that date, approximately one-third (447) of the camp operators had complied. A coordinated program was placed in operation between the Bureau of Migrant Labor and the Migrant Health Program to facilitate surveying of sites and the issuance of permits by Boards of Health and the inspection of installations by Sanitarians to assure compliance with construction codes. Exemptions for high water table and extensions of time for various reasons were issued by the Bureau of Migrant Labor. At season's end approximately 85 percent of the camps had completed installation, 10 percent were pending and about 5 percent were exempted. The completion of installations in 634 migrant camps or nearly two-thirds of the total in less than one year represents a substantial accomplishment. This improvement in basic living conditions reflects favorably on the cooperation of the farm community as well as the health and labor agencies responsible for enforcement of the law.

Viewed in retrospect, the year 1970 brought migrant living conditions into the headlines. At the beginning of the year there was concern because the majority of camps were not in compliance with the deadline for installation of water-borne sewage disposal systems. In a series of administrative actions, nearly all were in compliance by year's end. Many violators of camp regulations were brought to hearings. Legislative remedies to improve conditions are being considered. One of these will propose inclusion of field sanitary facilities and, in particular for day haul workers, drinking water requirements in the fields. Interdepartmental meetings have been held to develop guidelines for these provisions. The Migrant Health Program will continue to work for the adoption of better standards, for better compliance and for improved performance of health officials at the local level.

BURLINGTON COUNTY

Burlington County continues to be among the leading counties in agricultural production. A variety of fruit and vegetable crops have contributed to the prosperity of the farm community. For example the cranberry bogs in 1970 brought to New Jersey the largest crop in 44 years. Compared with the 1969 season when storm damaged the fruit crop, 1971 brought a normally successful harvest. However, the farm labor situation has changed steadily, and in 1970 continued the trend that has affected the composition of migrant work force over the past few years. The migrant family has virtually disappeared from the county, being replaced by male contract workers, day haul commuters and local seasonal help. At peak of season only 670 migrant workers compared with 2820 commuters were employed. A total of 104 camps operated in Burlington County during the 1969 season. This year, only 83 camps were in operation. Greater mechanization and controls by regulatory agencies may be factors.

Medical Care

Virtually all medical services rendered to migratory workers were provided through contractual agreement with Burlington County Memorial Hospital, which serves as the central focus for all hospital care in the agricultural region of the County. Out-patient services were made available. Dental and medical care was also provided by private physicians as well as drugs and pharmaceuticals by local pharmacies. Virtually all persons who received medical care, however, did receive that care through the hospital facility, approximately 25 visits being reported.

Nursing

The Public Health Nursing Association for Burlington County, Incorporated, reports a total of 30 visits were made to 22 migrant patients. There were 11 farms visited by the Public Health Nurse to verify migrant status and to follow-up emergency hospital treatment. Fourteen migrant patients were seen by the nurses in the emergency room at Burlington County Memorial Hospital. One patient was visited by the Public Health Nurse while he was still in the hospital. A report was received from the Migrant school regarding children being left alone in the house while parents worked in the fields. The nurse found that the eldest son, age six, was a deaf-mute. He was scheduled for an appointment at the Speech and Hearing Center of the Hospital, and a hearing aid was subsequently obtained for the child.

Environmental Services

Of the 83 camps in operation during the summer of 1970, all were inspected by representatives of the Burlington County Health Department; either individually, or in conjunction with representatives of the Department of Labor. A total of 90 water samples were collected from individual water supplies serving these camps. Six camps are serviced by municipal water supply systems. Thirteen samples were unsatisfactory on the first date of collection. In each case, subsequent re-sampling was conducted after appropriate disinfection of the water supply systems. The re-samples indicated that all samples and all water supply systems were subsequently found to be satisfactory. Of the 83 camps, 62 are serviced by water carried sewage systems, almost entirely of a septic system nature.

GLOUCESTER COUNTY

In 1970 Gloucester County moved a step closer to a migrant health program under unified leadership. The Gloucester County Health Center in Woodbury now houses the Visiting Nurse Association, the Migrant Health Clinic and the County Health Coordinator and his staff. The Social Caseworker and the Home Economics Teacher also used this building as a headquarters during the season. A dental Trailer obtained on loan from the County Dental Commission was parked outside the Health Center for use on Clinic nights.

The Gloucester County farm community represents the largest number of small family operated farms in any county of the State. The method of cultivation is intensive and has regularly brought the county the Number One ranking in the production of asparagus, tomatoes, peaches and apples, all crops which generally require hand labor. In 1970, 449 or approximately one-half of the farms had migrant camps. However only 369 camps were in active use during the season. With a peak migrant population of 2575 workers and dependents Gloucester County had the State's third largest work force. About 2000 of these workers were male including 1500 single, contract Puerto Ricans. The remaining 1000 represent family groups, the target population of the Migrant Health Program.

Statistical Analysis

Reports show 440 persons were served by the program, an increase of 20 percent over 1969. Total person services rose to 2125 from 966. However, 71 percent of these services were received by 140 patients. Approximately 200 of those served were 14 years of age or under. One half of the services were provided in the camps. The preventive health screening services accounted for 2065 of the total service visits.

Nursing Outreach

Starting with the list of farms from the previous year, a pre-season survey was made by phone and visits during the month of May. Of the 303 farms contacted, 58 of the farmers were no longer farming or would not employ migrant workers. All farms with workers who were not with the Glassboro Association were sent letters describing the services and listing clinic dates. Prior to June, visits as necessary were made by staff members. In June a full time nurse was employed for the program as well as a clerk-typist and also an interpreter. There were a total of 138 visits made by the nurse over the preseason period. Most of these were in response to survey findings; however, they were also as a result of telephone requests from farmers and from patients who had been covered by migrant service in previous years. These patients were scheduled for migrant clinic appointments or referred to the doctor or dentist. During this time 26 different farms were visited with 35 families being seen. In July another full time nurse was added to the staff; unfortunately, neither nurse was bi-lingual so that the work of the interpreter was essential.

During the July - August season, visits were made to 51 families including over 200 individuals; these families were scattered over 37 different farms. Throughout the season new families were located as a result of referrals from

the social worker, and the migrant priest. Because efforts were concentrated with families, single workers seen were those with definite illness. A total of 36 single workers were followed by the program. The most common complaint of the workers was that of toothaches. Two men were referred to the hospital for further studies, one for orthopedic consultation which resulted in surgery.

Clinic Program

Family clinics were held on Thursday evenings during July and August. The Clinics were staffed by a physician, a pediatrician, three nurses, a nurse supervisor, a social worker, clerk, two interpreters and the home economist. Two volunteers from the local women's club helped each week. Several of these spoke Spanish and helped with the interpretation that was needed. Members of a Cadette Girl Scout troop and a Church Youth Group assisted in caring for the children during clinic visits. General physical exams, health teaching and immunizations were the prime elements of the clinic. In addition, for 12 evenings (spaced over a six week period) a dental trailer was serviced by a dentist and two dental students. Patients were given both extraction and restoration of teeth over a total of 63 scheduled visits. Total attendence for both medical and dental clinics was 233 over the season.

Follow-up

Seven patients were referred to the obstetrical clinic of the local hospital. Tine tests were done on most of the people two days prior to the date of their clinic visit. Those with positive reactions were followed through with chest x-rays. No active case of tuberculosis was found although three will need follow-up x-rays. The contract physician also saw patients in his office as needed.

In order to contribute to the continuity of care, effort was made to obtain a forwarding address of each family and referrals were sent to the appropriate Health Department when possible. However, too often the migrant was unable to give complete information as to his destination. It took two months to locate a patient who was a tuberculosis suspect referred to this area from Florida.

Home Economics Program

Poor food habits are frequently found as one of the major health problems of migrant families. Nutritional services are vital ingredients for the prevention of malnutrition. One purpose of the home economics migrant program is to create an interest in health and nutrition among the migrant families. The home economists' objectives include the following: to enlighten, sensitize and develop an awareness of (1) better food buying, (2) storage practice, (3) improve methods of food preparation and (4) assist in housekeeping techniques related to the nutritional and economic needs of the migrant.

Home Economist

The home economist employed had a B.S. degree in Home Economics and Masters degree in guidance. The program was conducted under the supervision of

the coordinator of the Migrant Health Nurses of Glcucester County. Consultation was provided by the Nutrition Consultant in the Southern District of the New Jersey State Department of Health and the Gloucester County Extension Service in Home Economics. The program began June 16, 1970 and continued through August 21, 1970.

Temporary living and working conditions coupled with the language barrier which emphasizes the migrant's "foreignness", often develops a negative concept in his ability to serve himself and his society effectively. A fundamental premise of the home economics program was to assist the migrant's family in retaining identity and self-esteem. A number of factors observed during home visits supported the notion that, traditionally, the migrant home is strongly male-dominated. The father's authority is not to be questioned. The mother is relegated to the home as wife, mother, and often times cook for a crew of male migrant workers. The migrant store operated by a migrant couple frequently are baptismal godparents of several children in each migrant family residing in the area of the migrant store. The home economist observed the migrant family is often burdened by an effort to straddle two cultures. The migrant mother frequently asked for suggestions and assistance in food purchasing, storage, and preparation in the "new ways" for the children but often reverting back to their culture for the husband and crew men.

The migrants consumer problems appeared to be coupled with their low income and being minority group citizens -- who are vulnerable to deceptive practices and can least afford to be victimized. Food prices are associated with the kind of store rather than with the geographic area. In buying food, the migrants pay more if they shop in small independent stores rather than in the large independents and the chain stores, whose prices are lower. In the small independent stores, small sizes are more popular than the relatively cheaper large sizes. Not only does the migrant have less to spend but his discretionary freedoms of time, place, quality, amount, and method of purchases are severely restricted. The time of purchase is an extremely important determinant of the cost of most food items. The seasonal variations, even the weekly "specials" in food prices, the migrant can take little if any advantage of possible savings due to the restriction of time, place, quantity, and method of purchase, (ready cash). The migrants buy food almost exclusively by an existing need of the moment on a weekly basis at the nearest migrant general store on credit.

Most migrant families expressed appreciation for the convenience of credit accounts, check cashing, and delivery service with the migrant store and the door-to-door salesman. Very few migrant stores have food stamps but to the migrants added convenience is more important than increased food costs.

Activities of Home Economist

The first week dealt with the broad range assessment of interests of migrant women, teenage girls, and children through home visits and group discussions with fellow personnel and agencies. A list of families for visiting was given to the home economist by the Migrant Health Nurses. Although visiting with the migrant families dealt with a broad range of topics, its major purpose was to develop a course of action in which the Home Economist could pace her efforts to assist in the nutritional aspects of food purchased with the way in which it was prepared. Many recipes were given to the migrants with demonstration and instruction in Spanish with appropriate diagrams and

pictures for clarity. There was great interest in recipes that were of foreign and local origin. Recipes were translated into Spanish and assistance in the first shopping list and food preparation. Recipes relating to a health problem of a migrant were given after consultation with the Migrant Health doctor and the Nutrition Consultant.

There were forty-one farms with migrant families with a total of 60 persons visited. With limited facilities, the migrant wife and mother was eager to try suggested techniques and methods of food preparation. One hundred and eight visits were made. All of the migrant homes showed definite signs of improvement in housekeeping and general cleanliness after less than three visits. Storage space and knowledge of storage of perishable foods appeared to be the major concept or habit most difficult to change. Eggs, salad dressing, opened canned milk, bread and peanut butter were placed in an open window in the kitchen more frequently than in the refrigerator. The migrant home where food preparation for crew men was done showed complete lack of storage and ventilation in all but one home. Beans, rice, fresh vegetables, and bread were frequently delivered in large quantities by the local migrant grocer and left on an open shelf. Meat, poultry, and fish were stored uncovered on the shelf on the refrigerator. Pans of grease remained on the range from one day to the next to be reused. The migrant women were receptive to a demonstration of proper food storage in the refrigerator. The kitchen was the family sitting room, lounge, dining and laundry area. The migrant families ate lunch and dinner together. Early morning hours for agricultural workers, and migrant school for the children prevented the breakfast from being a family meal. The dining facilities for the crew men varied from a separate building to a separate room in the same building of the migrant home.

Group Demonstrations

Displays, demonstrations, and consultations were given during clinic hours to reinforce and acquaint the migrant families with the fundamentals of nutrition. The families responded to those occasions with renewed interest and enthusiasm.

Case History

Mrs. X, for whom a low fat diet had been prescribed by the physician, was helped by the home economist to prepare foods which were allowed on her diet. Since Mrs. X had expressed a desire to learn to make "Jello", this was the first food which the home economist taught her to make. This was followed by lessons in the preparation of such foods as baked chicken, vegetable salad and baked potato. During food preparation, Mrs. X was given instruction in cleaning equipment and storage areas and in sanitary food storage.

Social Service

Assistance for migrants with social problems continues on a year-round basis under the staff of the Family Counseling Service of Camden County. During the months of July and August a caseworker under professional supervision from that agency carried an expanded caseload. During the year 50 cases were active and included 170 persons in 38 families on 33 farms.

Transportation of patients to clinics and for other services was another major responsibility of the social service agency. A bus was rented and a driver who was familiar with the farms was employed. The bus carried 160 patients during the 6-week clinic period. Emergency transportation to hospitals accounted for additional mileage for the caseworker.

Problems solved via social service besides transportation included food and clothing assistance and welfare services. Housing and school referrals were also furnished.

Churches and service clubs were mobilized to contribute goods and services.

Evaluation and Recommendations

The nurse employed for the migrant program had to return to school in early September. A longer period of field coverage by the migrant nurse is recommended. Preferably a bilingual nurse or additional interpreters are essential to effective communication.

Clinic facilities could be extended for a longer period and in particular there are many more dental problems that could be met with additional clinic periods.

Because of a heavy concentration of migrants in the southern end of the county which is distant from the Health Center, a satellite screening clinic in the Swedesboro area needs to be considered.

Because the clothing brought by most families from Puerto Rico and the South is inadequate for the New Jersey weather, a used clothing store should be established in the Swedesboro Area, if possible in connection with a satellite clinic.

Migrant applicants referred for County Welfare frequently were not properly helped. The attitude of the County Welfare Department toward these applications indicates a need for more understanding.

The caseworker was denied the right to visit migrant prisoners at the County Jail. There is the need for some change in this respect.

Pre-natal clinics at the Underwood Hospital require attendance at 7:00 A. M., a situation that discourages migrant women living in remote rural areas from seeking necessary care.

Finally, there were incidents when some farmers either prevented visits of project personnel to migrants or prevented migrants from attending facilities or seeking benefits or services. This was accomplished in one case by eviction of the family. There is therefore a need for an authoritative channel of communication between the program and the farmers. A complete listing of camps by type of labor employed should be furnished to all field personnel.

Sanitation

After being in operation only three years, the Gloucester County Health Department, with two full-time sanitarians, in 1970 inspected and sampled the water supplies in 345 camps. This task was accomplished by the County staff with only consultation from the Southern State Health District and the Migrant Health Program. In 369 camps only six water supplies remained unsatisfactory.

The accomplishment of the County staff in supervising and certifying the installation of water-borne sewage disposal systems was even more outstanding. At the beginning of 1970 only 88 camps had flush toilets but during the year 238 more were installed, double the number of any other county. This phase of the program was accomplished by the same staff without charge to the Migrant Health Program. The success of the County in obtaining compliance of camp operators with established health codes, reflects a favorable relationship with the farm community.

Summary

Gloucester County experienced a successful agricultural season. The Migrant Health Program established some new milestones. The statistics reflect a substantial increase in personal health services. Almost half of those served were children. Camp visiting represented a good portion of the nursing work. Other achievements include the initiation of a transportation service and the use of the new clinic facilities in the Health Center. Substantial improvements have come about in migrant camp sanitation. Ninety percent of the migrant camps now have flush toilets. The water certification program is now carried out entirely by county and local sanitarians.

ATLANTIC COUNTY

Atlantic County remains the foremost area of blueberry cultivation. However, with most of the labor supply for this crop recruited from day-haul commuters, and a strong trend to mechanization, the true migrant population is limited.

The Migrant Coordinator had the cooperation of the County Health Department's Nursing Service on an on-call basis but only 6 visits to migrant camps were recorded. The majority of activity originated in the migrant schools. It is believed that only with an outreach nursing effort will the potential be reached in this county.

Inspection and sampling of water supplies and survey and certification of sewage disposal facilities were conducted by the County Health Department in 153 camps.

MIDDLESEX AND MERCER COUNTIES

The Middlesex-Mercer County migrant area presents a difficult challenge to the program administrators to devise an approach for solving health problems in a realistic and economical manner. The agricultural areas of these two counties lie adjacent, and yet must involve more than a half-dozen community agencies, health facilities and governmental units on both sides of the county lines. At the same time there is in progress a strong trend toward reduction of farms and reduction of the out-of-state migrant population, accompanied by "settling-in" of ex-migrants. These citizens work against the odds of limited employment opportunity, inadequate housing and outdated local services.

The most recent reports show 34 migrant camps in Middlesex County with 13 in Mercer County, reduced from 38 and 25 respectively in 1969. The total migrant population for 1970 is reported as 450 for Middlesex and 165 for Mercer. Migrants served by Project-related programs, including the summer school, totalled 415 for Middlesex and 61 for Mercer. Service visits by nurses were 1124 for Middlesex and 179 for Mercer. Total service visits were 1891 and 246 respectively.

In 1970 an attempt was made to streamline the administrative structure by placing the contract for nursing and social services in Middlesex with the new County Health Department. These services were subcontracted to the Visiting Nurse Association in Middlesex County and the Princeton Family Service who provide social casework in both counties.

Another effort to pull together the program services for the total area was the joint sponsorship by both nursing services of the Migrant Family Clinic at the Cranbury School. All resources were focused in this operation, providing more varied and comprehensive care than was previously available.

A third innovation in 1970 was the deployment of a nurse to the well-attended Clothing Store conducted by the Area Migrant Committee at the Old Cranbury School during the pre-season and post-season periods. Screening and referral services were provided, with the nursing coverage shared by the two nursing agencies.

Lay citizens of these counties, organized in a Migrant Committee made a very outstanding contribution to the migrant services, as evidence of their personal concern for the economically deprived.

Nursing Services - Middlesex

It was necessary to assign to the migrant program a nurse currently employed by the agency. Many of the nurses were reluctant because of the wear and tear on their own cars. One part-time nurse was working on the program by the time the clothing store opened in June. This nurse and the Family Service caseworker visited various camps and introduced themselves to the farmers. A nurse attended the Clothing Store three times before the Family Clinic started on August the 5th and four times after the last Family Clinic on October the 14th. Many referrals were made to both the Migrant Family Clinic and to the two hospitals. Those migrants who arrived early, went to the Clothing Store every week to purchase clothing, to socialize, and to seek information regarding community resourses. Many seasonal workers again presented their health problems as they had in previous years.

On the initial visits to the farms, the nurse assessed the problems and screened for individual needs. The initial visit included Tine Testing. Positive reactors were referred to county facilities.

The nurse who worked in the clinic also visited the camps to refer patients to the family clinic, to administer nursing care and to refer migrants to the hospitals for clinic appointments. Several persons were contacted twenty times and more. Variables such as rain, intense heat, peak-pick days and (in November) cold weather greatly influenced the number of contacts per day. Generally, field nurses saw about twenty-two people in each five hour day of camp visits. The figures below indicate the increase of contacts over 1969. Only four new migrant women were seen this year. The field nurses believe that this is due to the stabilization of larger families. This year the agency, working with the Social Security Administration and local hospitals, obtained the reasonable accurate count of eighteen families (head of household, wife, children and/or blood relatives).

	Number	
	1970	1969
Men	91	65
Women	72	68
Children	54	39
Total People	218	172
Families	18	---

Nursing Service - Mercer

One R.N. averaged six to eight hours weekly on the project. One public health nurse supervisor averaged two to four hours weekly. Other staff members assisted in the Family Health Clinic, interpreted for Spanish speaking migrants and delivered prescriptions.

Initial screening visits were made to six camps at which time services were explained to the farmer, crew leader and migrants. Next was to Tine test and do dental, eye and general health screening on each worker. Thereafter, follow-up on these initial screenings were done. Weekly visits were made to make dental appointments, to arrange transportation to clinics and to attend subsequent medical problems. The Department of Community Health Services department manual, a nursing procedure manual and medical policies derived from the Medical Advisory Committee were used. In therapeutic service the instructions of the patient's physician are followed.

A close relationship with Family Service Agency was maintained. All initial camp visits were made with the student social workers, from Family Service. Throughout the season the staff was in frequent contact with the social workers and their supervisor, and the transportation coordinator.

Combined Family Clinic

A joint Family Health Clinic for Middlesex and Mercer County migrants was held at the Cranbury Elementary School over a 13 week period running from mid-July to mid-October. The clinic was staffed by a dentist with part time assistance of two dental students, one or two physicians, four or more nurses. Student nurses from St. Peters Hospital, New Brunswick and their instructor participated. Other services

available weekly were Family Service social workers, a nurse and volunteer from Planned Parenthood Association of Mercer Area, a home economist demonstrating nutritious, economical food preparation, Legal Aid representatives and a migrant clothing and household goods store run by volunteers. Other services included representatives from the Food Stamp Program for a four week period, a mobile eye screening unit from the New Jersey Commission for the Blind on August 12 and a VD screening team from New Jersey State Health Department on August 26. The dental services consisted of screening, extractions and a small number of prophylactic treatments, i.e., scaling. The medical services provided treatment of ambulatory patients. Prescriptions were filled at a contract drug store and were delivered by the nurse the next day. Referrals were made to hospital clinics and in-patient services, immunizations and pap smears were administered.

The first dental clinic was held on July the 22nd, and was staffed by a private dentist and dental students supervised by the State Department of Health. Most of the migrants were treated on an emergency basis for extractions. After the first of September, the dental clinic was staffed by a private dentist from Princeton.

At six Migrant Clinics a nutritionist demonstrated simple recipe preparation. Samples of various foods were on hand and all were invited to taste the samples. While families were waiting to see the doctor, informal consultations on family nutrition were held. Many of the migrants were on special diets, such as low sodium, low calorie, diabetic and ulcer. The nutritionist worked with these people, concentrating on ways in which the basic migrant diet could be adapted to special cases.

On August 12 the Mobile Eye Unit from the New Jersey Commission for the Blind, was available. The opthalmologist examined 33 patients and prescribed as needed. Several migrants received glasses through a local facility, paid by the State Department of Health. "Eyes for the Needy", did assist in the payment of glasses for some of the seasonal workers. Glaucoma was detected in a seasonal worker and the patient is currently under the supervision of an opthalmologist.

The services of the Middlesex County Legal Aid Society were available during most of the clinics and at the Clothing Store. During these sessions in other areas of the school, groups of concerned and involved community members provided various recreational programs for the children.

Social Service Program

Effective July 1, 1970, the Family Service Agency of Princeton assumed the full responsibility for the administration of the program of delivery of social casework services to migrant and seasonal farm workers in Middlesex and Mercer Counties. Previously this program had been shared by the Family Service Agency of Princeton and the Family Counseling Service in Middlesex County.

The funding for the program was derived principally from the Middlesex County Health Department and the New Jersey State Department of Health with whom Family Service contracts to provide the services. A grant-in-aid was also received from the Princeton Borough and West Windsor Township Boards of Health. Contributions received this year from the Princeton Jaycees, the New Jersey Council of Churches and the Scheide Association enabled Family Service to purchase a vehicle that has

been used to meet the transportation needs of migrant workers.

The Goals of the program are to help the migrant laborer and his family deal constructively with personal and environmental problems, to establish a sounder adaptation to his life situation, and to achieve a more effective level of social functioning. These goals are pursued through the following channels: 1) by acquiring a first-hand knowledge and understanding of the farmer and the farm community, the crew leaders, the workers and their families so as to enhance the delivery of services to migrant laborers; 2) by providing professional casework services; 3) by developing community interest and support, for participation in the delivery of services and for community planning and program development.

Social work services to migrant and seasonal farm workers is the principal program emphasis of Family Service. The aim is to help migrants cope more effectively with their everyday problems so that they can function better as individuals. This involves helping them with personal, interpersonal and environmental problems.

Family Service began going onto the camps in June with the nurse from the Middlesex County Visiting Nurse Association and the Princeton Hospital Department of Community Health and Visiting Nurse Services. Jointly we interpreted to the farmer and contractor our program's services and aims and sought their cooperation.

With the Cranbury Bargain Basement Store a focal attraction for many migrants, we decided to capitalize upon this by working with the nurses and other agencies in setting up services at the Cranbury School on Wednesday nights when the store was open. Family Service provided social work counseling services Wednesday nights. We arranged as well to have other programs represented for one or more of the Wednesday evenings. Some of these programs were the Middlesex County Legal Services Program, the Middlesex and Mercer County Food Stamp Programs, and the Middlesex and Mercer County Social Security offices. Also involved on Wednesday evenings were Planned Parenthood, women trained in nutrition by the Rutgers Agricultural Extension Service, and volunteers to offer recreation and entertainment. Community members used the Cranbury Methodist Church to hold dinners on three different Wednesday evenings.

Another effort to help the migrant to see himself in a different light was an increase in the number of Sunday socials held at the Princeton YWCA-YMCA. This was sponsored jointly by the Y's, the Family Service Agency of Princeton and the Recreation Subcommittee of the Area Committee on Programs for Migrant and Seasonal Workers.

For the five Sundays in August, from 4 P.M. to 8 P.M. there were planned activities including swimming, movies, dancing, sports and crafts as well as food provided by local church groups. Over three quarters of the migrants who attended provided their own transportation. The attendance ranged from 35 to 100 workers per social, depending on the weather and their work schedule. Some of the farmers and contractors approved of the socials in that it gave the workers something to look forward to at the end of the week. Some contractors, however, refused to let their workers go. This appeared to be based upon their fear of losing control of their workers. There were also many migrants who showed no interest in this type of planned activity.

This year Family Service was contacted by more individuals and groups wanting to know what they could do to get involved. Many were involved as volunteer drivers. Some were involved in the socials and on Wednesday evenings. Others were referred to educational programs set up to work with migrants. There is a growing public interest and concern for improving the conditions of the migrants. The challenge is how to involve this interest constructively.

One of the ways is through the Area Committee on Programs for Migrant and Seasonal Farm Workers which was set up in May of 1967. In addition to its advisory function to the Family Service Agency of Princeton, the committee's activities include cooperation with community organizations, groups and individuals. This year the Area Committee had four active subcommittees: Church Involvement; Recreation and Camp Activities; Social Legislation; and Transportation. The Church Involvement Subcommittee tried to involve churches and church members in helping support the transportation cost involved in getting migrants to medical and social services. The Recreation and Camp Activities Subcommittee assumed the major responsibility of involving churches in the five socials held at the Princeton YMCA-YWCA. The Social Legislation Subcommittee is involved in keeping abreast of Migrant Legislation and informing key people in the community who would be willing to take action to support legislation for the benefit of migrants. The Transportation Subcommittee continued to be very active in helping to interpret the role of the volunteer driver to members of the community. This season fifty volunteer drivers drove 157 trips. This served the needs of over 115 migrants, carrying them over 11,075 miles and involved 574 hours of time. At ten cents a mile with a minimum wage of $2.00 an hour, the cost of this service to the program, if paid, would have amounted to $2,255. The staff drove over 20,350 miles.

Last year our Migrant Advisory Committee had a subcommittee on clothing. This committee was so successful with its Bargain Basement Store that the women decided to organize the store as a separate, independent body. They have continued to grow and flourish and have provided a great deal to the migrant in terms of clothing, toys and household supplies, as well as human concern and fellowship.

This year the Family Service Agency of Princeton services to migrant and seasonal farm workers increased as it has each of the preceeding five years. The migrants' enthusiastic response to the programs offered on Sunday and Wednesday nights supported the belief in their desire to improve their life situation. The success of this venture rested on being able to provide needed services at a time and location accessible to the migrant and the involvement of hundreds of concerned citizens who invested so much of their time and effort.

A better understanding was accomplished and therefore a greater acceptance of migrants and the rural poor now exist on the part of many of the service delivery agencies. The community, the farmers and the farm workers as well, generally recognize and accept the desirability of making use of medical and social welfare services.

There remain, however, areas in need of further attention. Tremendous social pressures against change become evident when efforts are directed towards alleviating the causes for the problems. Much of the resistance to these changes, however, are not directed against the migrants alone. They are the same problems that the rural and urban disadvantaged individuals and families face in our society. This year

we have seen examples which very clearly indicate a tremendous need for the social worker to function as an advocate of the client, seeing to it that he receives the services to which he is entitled.

Family Service, in an attempt to meet the needs of the migrant and seasonal workers and other families who reside in the rural community, has set up a Rural Outreach Program. This program will function on a year-round basis and will be oriented to serve families living out of the urban centers that are in the lower socio-economic strata and due to their isolation and lack of knowledge of community resources are not apt to avail themselves of needed services.

MONMOUTH COUNTY

Agriculture in Monmouth County continues to prosper and keeps the county as a leader in a number of crops, for example number one in potatoes. The 1970 season was characterized by favorable weather during the growing and harvesting periods, with ample labor available. Peak employment of migrants however was 663, down more than 10 percent from the previous year. The number of migrant camps declined proportionately to 106. The same trends in classification of labor are visible in this county as in others, namely increased day-haul commuters, more contract Puerto Ricans, and fewer Southern Negro crews. Residential and industrial development, mechanization and fewer farms, all lead to steady reductions in migrant population and fewer families.

Nursing Program

The MCOSS Family Health and Nursing Service, a voluntary public health agency, through its staff of public health nurses, conducts a comprehensive program for the Migrant Health Project. Although there is no county health department, this agency, because of its stability and experience, functions in a very wide scope, particularly in the migrant program. During the season 389 persons were served, receiving 1176 service visits. Farmers who employed migratory workers in the previous year were contacted by volunteers to determine if they were planning to have migrants, and if family units were expected. All of the farms were visited, and the nurses who were assigned to work with the migrants screened the workers, and refer those to the family clinic who appeared to be in need of physical examination. The equivalent of two full time professional nurses were employed from July 1st to September 25th. One additional professional nurse was employed to work in the family health clinics from July 30th to September 17th. A permanent member of MCOSS staff was assigned to orient the two new nurses in the first two weeks of the migrant season and assisted in the first family clinic. The supervisor and assistant supervisor and permanent members of the MCOSS staff at the Health Center assisted as necessary in orientation and in service.

Clinic Services

Family Clinic sessions were held at the Freehold Health Center between July 30th and September 17th. During the eight weekly sessions 200 patients were seen.

Attendance by Age	7/30	8/6	8/13	8/20	8/27	9/4	9/10	9/17	
Under 1	0	1	1	1	2	4	1	3	13
1-4	0	4	3	2	3	7	1	2	22
5-14	0	3	6	5	4	2	1	12	33
15-44	23	16	6	16	5	7	8	11	94
45-64	10	3	6	3	1	1	3	5	32
65 & Over	1				1	1	1	2	6
									200

In addition to the physical examination by the general practitioner or the pediatrician, dental examinations were available. Eye examinations, referred to above, were available to the migrants on August 13th. Prescriptions for glasses were filled for 17 patients. The agency continued to use its established clinics (well child conference and maternity clinics) for patients needing care, and also continued to refer patients to the general hospitals as needed.

Referred to Monmouth Medical Center
- Medical Clinic - 1
- Gyn Clinic - 1

Referred to Jersey Shore Medical Center
- Prenatal Clinic - 9
- Med. " - 13
- Surgical " - 3
- Gyn " - 4
- Eye " - 2
- Pediatric " - 4
- Cardiac " - 1
- Lab - - - 8
- Emergency Room - 9

The Social Worker at Jersey Shore Medical Center was most helpful and worked very closely, doing as much as possible to fit in appointments in the already busy hospital schedule, and assisting in seeing that the reports were returned to the Health Center.

TB Program

230 Tine Tests
36 Positive tines
74 Past Positive tines
* 2 Positive x-rays (Active TB)
** 6 Positive x-rays (Inactive TB)

*Delores Clay was admitted to Glen Gardner Hospital - 10/70
*Lee Slater was placed on INH - 4 bottles - 100 tabs each 300 mgms per day. Referral sent to Jackson, Miss.

** Willie Mayhew was placed on INH 100 mgm. 2 b.i.d. Referral sent to Sanford, Fla.

X-rays were provided as needed and previously known non-reactors were retested. X-rays were available two evenings a week. The cooperation of this agency and the Monmouth County Tuberculosis Control Center was unusually good. The nurses reported to the patient if chest x-rays were negative. For those persons whose x-rays showed significant findings, the G.P. attending the clinic explained the x-ray findings.

Planned Parenthood sent a representative to the family clinic, to give information. Appointments were made for those wishing to receive such service.

12 Patients received service
10 Patients were given birth control pills and information
1 Referred to prenatal clinic
1 Referred to infertility clinic
12 Patients received pap tests

Prescriptions filled at two local pharmacies totalled 146. A dentist set aside Friday afternoons to treat migratory workers, providing 50 x-rays, 49 extractions and 5 other services. A general practitioner, who was raised in the Dominican Republic, was of special value because of his ability to speak Spanish. A pediatrician was also employed and related exceedingly well to the program. Three members of the MCOSS Auxiliary volunteered at the family health clinic.

A theological student from Princeton was employed to drive a minibus which was rented from the Avis Corp. from July 15th to September 18th. Over 6,000 miles were traveled, transporting workers to and from migrant clinics, TB Control Center, general hospitals, a local dentist and an optometrist. This employee spoke Spanish. During the season 263 patients were transported, including 47 seasonally employed residents. Without this service it would not have been possible to serve 200 persons in the Family Clinic nor to bring as many patients to medical treatment.

General Appraisal of Nursing Program

The nurses who work in the migrant health program are employed two weeks prior to the anticipated advent of the migrants. This provides adequate time to indoctrinate the nurses in the services of the MCOSS. Fortunately, members of the staff have worked in the migrant program in the past. There has never been a problem to secure additional nursing hours for the night clinic. The attitude of the nurses toward rendering health services to the agricultural migrant is excellent. There is a real desire not only to help on a current need basis, but to assist in the up-grading of the expectation of the migrant, as to the kinds of service that should be available to him along the migrant stream. Efforts have been made to have him understand the kind of services that he should consider as essential for the maintenance of his own health.

In the Clinics waiting time was minimal; this year it was probably even more reduced because of the screening of persons referred to the family clinic. The space between the interviewing tables provided for privacy and there was, as someone described "quiet dignity with warm response from the migrant workers".

Efforts were made to have health education and health guidance an integral part of all nursing service rendered.

The very short season (the middle of July to middle of September) does make continuity of health services difficult to maintain. It is not surprising that a number of migrants actually leave the area before the recommended medical services have been completed.

No difficulty has been experienced in locating patients referred. Referrals have been made out of State. The total received was four with 42 sent.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED

PERIOD COVERED BY THIS REPORT

FROM	THROUGH
1/1/70	12/31/70

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE

Health Services for Migrant Agricultural Workers
In New Jersey

2. GRANT NUMBER (Use number shown on the last Grant Award Notice)

MG 08H (71)

3. GRANTEE ORGANIZATION (Name & address)

New Jersey State Department of Health
P. O. Box 1540
Trenton, New Jersey 08625

4. PROJECT DIRECTOR

Thomas B. Gilbert, MPH
State Coordinator
Migrant Health Services

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	1,145	1,145	
APRIL	4,232	4,232	
MAY	7,705	7,705	
JUNE	8,405	8,405	None
JULY	11,990	11,990	
AUG.	12,680	12,680	
SEPT.	8,355	8,355	
OCT.	2,826	2,826	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL			
UNDER 1 YEAR	None		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	12,680	10,000	2,680
UNDER 1 YEAR	Not Available		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	May	September

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Estimates issued semi-monthly by the New Jersey State Employment Service, Division of Employment Security, Department of Labor and Industry, dependent females and children added.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Contract workers from Puerto Rico (male) 5,170; other workers estimated to be 2/3 Male (4,200). Dependents brought by non-contract workers added 15% to their totals.

6. HOUSING ACCOMMODATIONS

a. CAMPS *

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS	Not Available	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	1,388	12,680

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
	None	
TOTAL*		

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

* Source: Bureau of Migrant Labor, New Jersey Department of Labor and Industry.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

POPULATION AND HOUSING DATA
FOR Burlington COUNTY.

GRANT NUMBER
MG-08H (71)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	46	46	
APRIL	86	86	
MAY	215	215	
JUNE	482	482	
JULY	670	670	
AUG.	586	586	
SEPT.	341	341	
OCT.	209	209	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	13	May	September

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	None		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	670	570	100
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS	Not Available		
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	Not Available	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	85	670

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS ** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Bureau of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA

FOR Gloucester COUNTY.

GRANT NUMBER: MG-08H (71)

INSTRUCTIONS: *Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.*

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	142	142	
APRIL	1,174	1,174	
MAY	2,005	2,005	
JUNE	1,285	1,285	
JULY	2,285	2,285	
AUG.	2,575	2,575	
SEPT.	1,127	1,127	
OCT.	427	427	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	15	Mar.	Oct.

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL, UNDER 1 YEAR, 1 - 4 YEARS, 5 - 14 YEARS, 15 - 44 YEARS, 45 - 64 YEARS, 65 AND OLDER	None		
(2) IN-MIGRANTS: TOTAL	2,575	2,030	545
(2) IN-MIGRANTS: UNDER 1 YEAR, 1 - 4 YEARS, 5 - 14 YEARS, 15 - 44 YEARS, 45 - 64 YEARS, 65 AND OLDER	Not Available		

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	Not Available	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	369	2,575

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.

* Source: Office of Manpower, Division of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA

FOR Mercer COUNTY.

GRANT NUMBER: MG-08H (71)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	45	45	
APRIL	70	70	
MAY	70	70	
JUNE	85	85	
JULY	98	98	
AUG.	150	150	
SEPT.	165	165	
OCT.	35	35	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	April	September

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL	None		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS: TOTAL	165	115	50
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	Not Available		
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	Not Available	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	13	165

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.

* Source: Office of Manpower, Bureau of Employment Security.

Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA FOR Middlesex COUNTY.	GRANT NUMBER MG-08H (71)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	100	100	
APRIL	135	135	
MAY	125	125	
JUNE	200	200	
JULY	300	300	
AUG.	420	420	
SEPT.	450	450	
OCT.	105	105	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL, UNDER 1 YEAR, 1 - 4 YEARS, 5 - 14 YEARS, 15 - 44 YEARS, 45 - 64 YEARS, 65 AND OLDER	None		
(2) IN-MIGRANTS: TOTAL	450	260	190
UNDER 1 YEAR, 1 - 4 YEARS, 5 - 14 YEARS, 15 - 44 YEARS, 45 - 64 YEARS, 65 AND OLDER	Not Available		

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS		None	
IN-MIGRANTS	14	March	October

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS, 10 - 25 PERSONS, 26 - 50 PERSONS, 51 - 100 PERSONS, MORE THAN 100 PERSONS	Not Available	
TOTAL*	34	450

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Division of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA FOR Monmouth COUNTY.	GRANT NUMBER MG-08H (71)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	84	84	
APRIL	256	256	
MAY	375	375	
JUNE	441	441	
JULY	527	527	
AUG.	630	630	
SEPT.	663	663	
OCT.	318	318	
NOV.			
DEC.			
TOTALS			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	March	October

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS: TOTAL, UNDER 1 YEAR, 1 - 4 YEARS, 5 - 14 YEARS, 15 - 44 YEARS, 45 - 64 YEARS, 65 AND OLDER	None		
(2) IN-MIGRANTS: TOTAL	663	550	113
UNDER 1 YEAR, 1 - 4 YEARS, 5 - 14 YEARS	Not Available		
15 - 44 YEARS, 45 - 64 YEARS, 65 AND OLDER			

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS, 10 - 25 PERSONS, 26 - 50 PERSONS, 51 - 100 PERSONS, MORE THAN 100 PERSONS	Not Available	
TOTAL*	106	663

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS ** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Division of Employment Security.
Figures adjusted for dependents and children.

GRANT NUMBER
MG-08H(71)
DATE SUBMITTED

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	4,464	2,561	1,903	18,264
UNDER 1 YEAR	170	88	82	734
1 - 4 YEARS	494	233	261	2,570
5 - 14 YEARS	1,068	544	524	4,750
15 - 44 YEARS	2,146	1,280	866	7,880
45 - 64 YEARS	529	375	154	2,136
65 AND OLDER	57	41	16	194

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 2093

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 392

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 148

No. of Hospital Days 1315

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	1,958	1,271	687
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON	Not Recorded		
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	486	400	286
(1) CASES COMPLETED	450	200	250
(2) CASES PARTIALLY COMPLETED			
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL	3,051	2,614	437
(1) PREVENTIVE	1,063	1,034	29
(2) CORRECTIVE-TOTAL	2,102	1,580	522
(a) Extraction	639	343	296
(b) Other	1,453	1,237	216
d. PATIENT VISITS - TOTAL	1,575	1,325	250

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	1,503	84	434	786	199	198	1,305
SMALLPOX	42		15	27		30	12
DIPHTHERIA	383	20	92	182	89	29	354
PERTUSSIS	215	21	85	109		24	191
TETANUS	404	20	93	183	108	29	375
POLIO	233	22	74	136	1	22	211
TYPHOID							
MEASLES	77	1	30	46		24	53
OTHER *(Specify)* Rubella	144		41	103		40	104
	5		4		1		5

REMARKS

PART II (*Continued*) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER: 02-H-000,058

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I - XVII.		TOTAL ALL CONDITIONS	2382	1751	631
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	114	96	18
	010	TUBERCULOSIS	45	41	4
	011	SYPHILIS	3	2	1
	012	GONORRHEA AND OTHER VENEREAL DISEASES	17	14	3
	013	INTESTINAL PARASITES	9	6	3
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	0	0	0
	015	All other	12	11	1
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	8	7	1
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	16	11	5
	019	OTHER INFECTIVE DISEASES (*Give examples*):	4	4	0
II.	02-	NEOPLASMS: TOTAL	10	7	3
	020	MALIGNANT NEOPLASMS (*give examples*):	1	1	0
	025	BENIGN NEOPLASMS	0	0	0
	029	NEOPLASMS of uncertain nature	9	6	3
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	51	29	22
	030	DISEASES OF THYROID GLAND	1	1	0
	031	DIABETES MELLITUS	36	17	19
	032	DISEASES of Other Endocrine Glands	0	0	0
	033	NUTRITIONAL DEFICIENCY	7	5	2
	034	OBESITY	4	3	1
	039	OTHER CONDITIONS	3	3	0
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	15	9	6
	040	IRON DEFICIENCY ANEMIA	9	5	4
	049	OTHER CONDITIONS	6	4	2
V.	05-	MENTAL DISORDERS: TOTAL	19	13	6
	050	PSYCHOSES	1	0	1
	051	NEUROSES and Personality Disorders	9	7	2
	052	ALCOHOLISM	2	2	0
	053	MENTAL RETARDATION	0	0	0
	059	OTHER CONDITIONS	7	4	3
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	227	199	28
	060	PERIPHERAL NEURITIS	6	4	2
	061	EPILEPSY	4	3	1
	062	CONJUNCTIVITIS and other Eye Infections	40	31	9
	063	REFRACTIVE ERRORS of Vision	103	102	1
	064	OTITIS MEDIA	19	14	5
	069	OTHER CONDITIONS	55	45	10

PART II - 5. *(Continued)*

GRANT NUMBER 02-H-000,058

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	84	55	29
	070	RHEUMATIC FEVER	4	2	2
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	3	1	2
	072	CEREBROVASCULAR DISEASE (Stroke)	3	3	0
	073	OTHER DISEASES of the Heart	9	8	1
	074	HYPERTENSION	40	21	19
	075	VARICOSE VEINS	8	6	2
	079	OTHER CONDITIONS	17	14	3
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	338	254	84
	080	ACUTE NASOPHARYNGITIS (Common Cold)	175	133	42
	081	ACUTE PHARYNGITIS	14	11	3
	082	TONSILLITIS	18	14	4
	083	BRONCHITIS	39	33	6
	084	TRACHEITIS/LARYNGITIS	11	11	0
	085	INFLUENZA	0	0	0
	086	PNEUMONIA	4	3	1
	087	ASTHMA, HAY FEVER	26	11	15
	088	CHRONIC LUNG DISEASE (Emphysema)	3	2	1
	089	OTHER CONDITIONS	48	36	12
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	597	431	166
	090	CARIES and Other Dental Problems	466	336	130
	091	PEPTIC ULCER	21	18	3
	092	APPENDICITIS	2	2	0
	093	HERNIA	16	10	6
	094	CHOLECYSTIC DISEASE	17	9	8
	099	OTHER CONDITIONS	75	56	19
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	105	71	34
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	37	20	17
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	0	0	0
	102	OTHER DISEASES of Male Genital Organs	7	6	1
	103	DISORDERS of Menstruation	25	18	7
	104	MENOPAUSAL SYMPTOMS	20	14	6
	105	OTHER DISEASES of Female Genital Organs	1	1	0
	109	OTHER CONDITIONS	15	12	3
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	108	49	59
	110	INFECTIONS of Genitourinary Tract during Pregnancy	4	3	1
	111	TOXEMIAS of Pregnancy	0	0	0
	112	SPONTANEOUS ABORTION	3	2	1
	113	REFERRED FOR DELIVERY	1	1	0
	114	COMPLICATIONS of the Puerperium	2	0	2
	119	OTHER CONDITIONS	98	43	55
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	185	135	50
	120	SOFT TISSUE ABSCESS OR CELLULITIS	44	28	16
	121	IMPETIGO OR OTHER PYODERMA	33	25	8
	122	SEBORRHEIC DERMATITIS	2	2	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	36	29	7
	124	ACNE	2	2	0
	129	OTHER CONDITIONS	68	49	19

PART II - 5. *(Continued)*

GRANT NUMBER 02-H-000,058

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	73	53	20
	130	RHEUMATOID ARTHRITIS	2	2	0
	131	OSTEOARTHRITIS	0	0	0
	132	ARTHRITIS, Unspecified	10	7	3
	139	OTHER CONDITIONS	61	44	17
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	8	6	2
	140	CONGENITAL ANOMALIES of Circulatory System	5	4	1
	149	OTHER CONDITIONS	3	2	1
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	1	1	0
	150	BIRTH INJURY	1	1	0
	151	IMMATURITY	0	0	0
	159	OTHER CONDITIONS	0	0	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	181	144	37
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	12	10	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	23	12	11
	163	HEADACHE	15	9	6
	169	OTHER CONDITIONS	131	113	18
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	266	199	70
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	145	116	29
	171	BURNS	8	4	4
	172	FRACTURES	39	17	22
	173	SPRAINS, STRAINS, DISLOCATIONS	23	17	6
	174	POISON INGESTION	3	3	0
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	48	42	6

			NUMBER OF INDIVIDUALS	
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	18,550	
			Visits	Patients *
	200	FAMILY PLANNING SERVICES	81	63
	201	WELL CHILD CARE	1307	376
	202	PRENATAL CARE	381	190
	203	POSTPARTUM CARE	50	35
	204	TUBERCULOSIS: Follow-up of inactive case	125	105
	205	MEDICAL AND SURGICAL AFTERCARE	172	108
	206	GENERAL PHYSICAL EXAMINATION	2110	1709
	207	PAPANICOLAOU SMEARS	9	9
	208	TUBERCULIN TESTING	2151	1542
	209	SEROLOGY SCREENING	154	153
	210	VISION SCREENING	761	689
	211	AUDITORY SCREENING	496	466
	212	SCREENING CHEST X-RAYS	161	157
	213	GENERAL HEALTH COUNSELLING	5359	2673
	219	OTHER SERVICES: Social Casework	1463	681
		(Specify) Miscellaneous	2961	2046

* Some patients received more than one service during a visit.

PART III - NURSING SERVICE	GRANT NO. 02-H-000,058
TYPE OF SERVICE	NUMBER
1. NURSING CLINICS	
a. NUMBER OF CLINICS	7
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	230
2 FIELD NURSING:	
a. VISITS TO HOUSEHOLDS (Camps)	5100
b. TOTAL HOUSEHOLDS SERVED (Not Available)	
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS	2250
d. VISITS TO SCHOOLS, DAY CARE CENTERS	3303
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	727
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL	2716
(1) Within Area	2398
(Total Completed 1840)	
(2) Out of Area	318
(Total Completed 136)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	486
(Total Completed 450)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	39
(Total Completed 34)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS OFFICES (Fee-for-Service)	72
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	265
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	2192
(1) Number presenting health record	1138
(2) Number given health record	1054
4. OTHER ACTIVITIES (*Specify*):	

REMARKS

PART IV - SANITATION SERVICES

GRANT NUMBER 02-H-000,058

*TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS (1969 Figures)	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	1612	17,136	1529	16,236
OTHER LOCATIONS				
HOUSING UNITS - Family:				
IN CAMPS	516	5995	490	5412
IN OTHER LOCATIONS				
HOUSING UNITS - Single				
IN CAMPS	1904	11,141	1870	10,824
IN OTHER LOCATIONS				

*TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS POUND		NUMBER OF CORRECTIONS MADE	
LIVING ENVIRONMENT:	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
a. WATER	)		)		1373		1242	
b. SEWAGE	)		)		739		669	
c. GARBAGE AND REFUSE	)		)		1523		1372	
d. HOUSING	) 1612		) 16229		19776		17866	
e. SAFETY	)		)		5136		4611	
f. FOOD HANDLING	)		)		1664		1510	
g. INSECTS AND RODENTS	)		)		1284		1142	
h. RECREATIONAL FACILITIES								
WORKING ENVIRONMENT: Not Covered by N.J. Statute								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* Locations – camps or other locations where migrants work or are housed. *Source of Data - N.J. Dept. of Labor

PART V – HEALTH EDUCATION SERVICES (By type of service, personnel involved, and number of sessions.)

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed.)	OTHER (Specify)
A. SERVICES TO MIGRANTS					Home Economists 108	
(1) Individual counselling			5359		Dental Students 1555	
(2) Group counselling						
B. SERVICES TO OTHER PROJECT STAFF						
(1) Consultation						
(2) Direct services						
C. SERVICES TO GROWERS						
(1) Individual counselling						
(2) Group counselling						
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals						
(2) Consultation with groups						
(3) Direct services						
E. HEALTH EDUCATION MEETINGS						

SERVICE VISITS RECEIVED BY IMIGRANTS BY COUNTY AND AGE
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

COUNTIES	UNDER 1-YR	1-4	5-14	15-44	45-64	65 & OVER	TOTAL
TOTALS	734	2,570	4,750	7,880	2,136	194	18,264
ATLANTIC	0	10	181	7	5	0	203
BURLINGTON	0	5	88	65	6	0	164
CUMBERLAND	183	776	1,583	1,738	818	127	5,225
GLOUCESTER	102	305	642	983	90	3	2,125
MERCER	0	0	12	111	116	7	246
MIDDLESEX	62	127	362	959	370	11	1,891
MONMOUTH	63	74	127	626	262	24	1,176
SALEM	324	1,273	1,755	3,391	469	22	7,234

MIGRANTS RECEIVING SERVICE BY COUNTY, SEX AND AGE
SHOWING PERCENTAGE DISTRIBUTION
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

COUNTIES	MALE							FEMALE							TOTAL OF BOTH
	UNDER 1-YR	1-4	5-14	15-44	45-64	65 & OVER	TOTAL	UNDER 1-YR	1-4	5-14	15-44	45-64	65 & OVER	TOTAL	
PERCENT	3.4	9.1	21.2	50.0	14.6	1.6	57.4	4.3	13.7	27.5	45.5	8.1	.8	42.6	100.0
TOTALS	88	233	544	1280	375	41	2561	82	261	524	866	154	16	1903	4464
ATLANTIC	0	1	12	3	3	0	19	0	2	11	0	0	0	13	32
BURLINGTON	0	3	20	38	5	0	66	0	0	21	0	0	0	21	87
CUMBERLAND	21	87	204	267	135	28	742	20	78	163	248	64	6	579	1321
GLOUCESTER	10	28	56	96	12	0	202	8	33	58	129	8	2	238	440
MERCER	0	0	2	21	19	2	44	0	0	0	10	7	0	17	61
MIDDLESEX	11	11	54	93	45	1	215	6	28	55	87	22	2	200	415
MONMOUTH	7	10	30	163	64	5	279	12	8	17	54	16	3	110	389
SALEM	39	93	166	599	92	5	994	36	112	199	338	37	3	725	1719

SERVICE VISITS BY PLACE OF VISIT AND BY COUNTY
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

COUNTIES	CAMP	CLINIC	SCHOOL	HOSPITAL	PHYS. OFFICE	DENTIST OFFICE	DAY CARE CENTER	OTHER	TOTAL
PERCENT	36.9	24.2	19.4	5.7	2.9	.8	5.3	4.8	100.0
TOTALS	6,741	4,426	3,546	1,038	530	143	966	874	18,264
ATLANTIC	6	1	174	5	1	13	0	3	203
BURLINGTON	31	0	88	44	0	0	0	1	164
CUMBERLAND	1,976	1,078	1,513	279	185	35	43	116	5,225
GLOUCESTER	1,020	608	450	19	13	5	1	9	2,125
MERCER	197	32	0	3	0	0	0	14	246
MIDDLESEX	897	515	307	81	2	1	0	88	1,891
MONMOUTH	704	373	0	48	0	21	0	30	1,176
SALEM	1,910	1,819	1,014	559	329	68	922	613	7,234

NUMBER OF REFERRALS GIVEN TO MIGRANT AGRICULTURAL WORKERS
BY PLACE TO WHICH REFERRED AND BY COUNTY
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

COUNTIES	TOTAL	HOSPITAL IN-PATIENT	HOSPITAL OUT-PATIENT	PUBLIC WELFARE	SOCIAL SERVICE	MIGRANT CLINIC	PHYSICIANS OFFICE	DENTISTS OFFICE	OTHER	PERSONS REFERRED
PERCENT	100.1	.9	16.9	.9	1.8	41.5	17.0	9.9	11.2	
TOTALS	2,895	25	488	27	53	1,200	491	286	325	1,717
ATLANTIC	13	0	5	0	1	0	2	0	5	9
BURLINGTON	2	1	1	0	0	0	0	0	0	2
CUMBERLAND	772	9	129	1	4	258	155	104	112	501
GLOUCESTER	137	4	10	2	17	72	8	3	21	84
MERCER	77	1	14	0	3	33	1	16	9	38
MIDDLESEX	617	7	148	21	4	276	5	94	62	223
MONMOUTH	428	1	22	0	0	307	1	39	58	305
SALEM	849	2	159	3	24	254	319	30	58	555

SERVICE VISITS BY NURSES
BY PLACE OF VISIT AND COUNTY
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

COUNTIES	CAMP	CLINIC	SCHOOL	HOSPITAL	PHYS. OFFICE	DENTIST OFFICE	DAY CARE CENTER	OTHER	TOTAL
PERCENT	47.3	14.6	21.9	1.6	.0	.0	8.7	5.8	99.9
TOTALS	5,100	1,569	2,365	176	0	1	938	630	10,779
ATLANTIC	6	0	144	1	0	0	0	3	154
BURLINGTON	31	0	59	2	0	0	0	1	93
CUMBERLAND	1,768	485	935	21	0	0	43	44	3,296
GLOUCESTER	547	219	252	3	0	0	1	3	1,025
MERCER	160	19	0	0	0	0	0	0	179
MIDDLESEX	655	247	196	4	0	1	0	21	1,124
MONMOUTH	704	81	0	15	0	0	0	10	810
SALEM	1,229	518	779	130	0	0	894	548	4,098

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NUMBER OF SERVICE VISITS IN CLINICS BY HEALTH PROFESSIONALS
BY SEX AND BY COUNTY
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

COUNTIES	TOTAL MALE & FEMALE	NURSE		PHYSICIAN		SOC. WORK		DENTIST		MEDICAL STUDENT		DENTAL STUDENT		OTHER	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
TOTALS	4426	838	731	795	669	102	132	198	106	98	2	166	79	371	139
ATLANTIC	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
BURLINGTON	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CUMBERLAND	1078	268	217	289	295	4	4	0	1	0	0	0	0	0	0
GLOUCESTER	608	97	122	86	99	37	49	21	30	0	0	23	33	5	6
MERCER	32	11	8	3	7	0	0	1	1	0	0	0	0	1	0
MIDDLESEX	515	129	118	63	67	19	13	40	28	0	0	0	0	16	22
MONMOUTH	373	50	31	148	67	0	0	14	5	0	0	38	20	0	0
SALEM	1819	283	235	205	134	42	66	122	41	98	2	105	26	349	111

NUMBER OF HEALTH SCREENING SERVICES PROVIDED BY COUNTY AND TYPE OF SERVICE
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

Examination Without Sickness	Total	Atlantic	Burlington	Cumberland	Gloucester	Mercer	Middlesex	Monmouth	Salem
Total	18,550	199	169	5,116	2,065	288	2,142	1,124	7,447
Family Planning	81	0	0	16	4	2	22	0	37
Well Child Care	1,307	0	0	74	143	0	57	0	1,033
Prenatal Care	381	0	0	96	34	1	14	4	232
Postpartum Care	50	0	0	7	6	0	11	2	24
T. B. Follow-Up	125	0	0	83	1	0	0	7	34
Med. & Surg. Aftercare	172	3	20	76	13	0	18	0	42
Gen. Phys. Exam	2,110	20	26	1,012	218	4	205	148	477
T. B. Test	2,151	44	38	558	119	72	225	403	692
T. B. X-Ray	161	0	0	62	1	0	0	47	51
Pap Test	9	0	0	0	0	0	7	0	2
Eye Screening	761	25	16	335	86	2	81	0	216
Dental Screening	809	13	0	195	94	10	222	77	198
Social Casework	1,463	0	0	72	397	54	393	1	546
Serology Screening	154	0	0	17	0	1	31	0	105
Auditory Screening	496	25	16	143	47	0	44	0	221
Gen. Health Counsel	5,359	6	15	1,604	625	128	494	366	2,121
Other Services	2,961	63	38	766	277	14	318	69	1,416

DISTRIBUTION OF SERVICES AMONG MIGRANT AGRICULTURAL WORKERS
BY FREQUENCY OF SERVICE AND BY COUNTY
NEW JERSEY MIGRANT HEALTH PROGRAM 1970

Counties	Distribution of Migrant Agriculture Workers by Frequency of Service Number of Persons							Total Person Services	Percent of Persons Receiving 6 or more Services	Percent of Person Services Rendered to Persons Receiving 6 or More Services
	Total Number Of Persons Served	Frequency of Person Services								
		1 Service	2 Services	3 Services	4 Services	5 Services	6 or > 6 Services			
Totals	4,464	1,534	992	366	278	226	1,068	18,264	23.9	62.5
Atlantic	32	3	9	1	1	2	16	203	.4	81.3
Burlington	87	32	43	6	5	0	1	164	.0	4.9
Cumberland	1,321	470	281	91	101	61	317	5,225	7.1	61.5
Gloucester	440	143	81	27	25	24	140	2,125	3.1	71.5
Mercer	61	16	11	7	7	4	16	246	.4	56.5
Middlesex	415	145	77	45	27	16	105	1,891	2.4	67.1
Monmouth	389	80	140	61	37	22	49	1,176	1.1	31.9
Salem	1,719	645	350	128	75	97	424	7,234	9.5	65.2

Referrals

NUMBER OF PERSONS
COMPLETING REFERRALS
AND
REFERRALS COMPLETED
BY COUNTY**
MIGRANT HEALTH PROGRAM
NEW JERSEY
1970

County	Number Persons Referred	Number Completing	Per Cent	Number Referrals	Number Completed	Per Cent
Total	646	538	83.3	2103	1840	87.5
Burlington	*	*		37	22	59.5
Cumberland	325	300	92.3	1019	993	97.4
Gloucester	65	43	66.2	87	49	56.3
Mercer	15	12	80.0	21	14	66.7
Middlesex	62	50	80.6	74	62	83.8
Monmouth	179	133	74.3	280	185	66.1
Salem	*	*		585	515	88.0

* Figures not available
** From nursing report forms

Migrant Clinics

MIGRANT HEALTH CLINICS
SESSIONS HELD, PERSONS ATTENDING
AND PERSONNEL SERVING
BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1970

County	Cumb.	Glouc.	Mercer-Midd.	Mon.	Salem	Total
Total Sessions	24	19	29	8	32	112
Family Clinics		7	13	8	8	36
Dental Clinics		12	9		14	35
Nursing Clinics			7			7
Other Clinics	24				10	34
Patients Attending	558	233	523	200	464	1978
Number of Sessions Covered by Personnel						
Gen. M.D.	24	7	7	8	16	62
Pediatrician		7	9	8	9	33
Other M.D.			1			1
Nurse Supv.	9	7	14	4	10	44
Nurse	46	25	51	25	30	177
Social Worker	10	13	36		4	63
Health Educ.			10			10
Dentist		12	18	7	15	52
Dental Stud.		26	8	7	27	68
Secretary			2	7		9
Med. Stud.					7	7
VDI			1			1
Other		5	35		31	71
Clerks	26	7	10		27	70
Volunteers		50	18	7	3	78
Interpreter	1	23	1		15	40

Status of Family Planning Services
in Principal Migrant Areas
Migrant Health Program
New Jersey 1970

County	Family Planning Clinics & Location	Frequency	Source & Funds	Daytime Clinics	Evening Clinics	Number of Patients Receiving Family Planning Services	Number of Women Ages 15-44 Receiving Migrant Medical Services	Estimated No. of Migrant Women Ages 15-44	Percent of Eligible Women Served by Program
Total	-	-	-	-	-	83	866	1400	5.92
Cumberland	Bridgeton	2 Mornings Per Month	Voluntary	9 A.M. - 12 Noon		11	248	300	3.7
Gloucester	None in County - Refer to Camden					4	129	350	1.1
Mercer	Princeton Trenton(3) Hightstown	Every Thurs. Several Times Weekly	Voluntary and Other	10 A.M. - 12 Noon Several Days	Several Evenings	2	10	50	4.0
Middlesex	New Brunswick	One (1) Evening Per Week	Voluntary		7:30-9:30	22	87	100	22.0
Monmouth	Six (6) Locations	Weekly & By Appt.	Voluntary	Fri. 1 P.M. Others By Appt.	1 Location 7:30 P.M. Others by Appt.	12	54	100	12.0
Salem	Salem	Every Other Week	County Health Dept.	Friday 1:30 P.M.		32	338	500	6.4

INTAKE AND SOCIAL SERVICE CASES SERVED
BY MONTH AND BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY

1970

Table I

County	Total Cases Served	Cases Carried From Sept.	Intake Total	Intake by Month (New or Reopened)											
				Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.
Total	579	127	452	89	13	6	7	6	4	7	13	37	106	139	26
Gloucester	50	3	47	7	2	1	2	1	1	1	2		12	18	
Cumberland	120	1	119	4		3	1			4	4	33	32	29	9
Middlesex Mercer	318	100	218	66	8	1	4	4	2	2	2	4	49	60	16
Salem	91	23	68	11	3	1		1	1		5		13	32	1

SUMMARY OF SELECTED
CASEWORK ACTIVITY
SOCIAL SERVICE CASES
MIGRANT HEALTH PROGRAM
1970

Table II

DISTRIBUTION OF INTAKE BY SOURCES OF REFERRAL

Total Cases	Public Health & School Nurses	Clergy	Health Agencies Including Hospital (Local) Social Agencies	Physicians	Farmers	Crew Leaders	Police	Self	Relative	Interested Persons Commonwealth of Puerto Rico	San. of Migrant Labor Bureau	Schools (Migrant)	State Dept. of Health for Follow Up	Other:
452	187		27	25	2	14	13	1	62	8	16	1		5		91

Table IV

DISTRIBUTION OF INTAKE BY ETHNIC ORIGIN

Total	452
White	3
Negro	304
Puerto Rican	131
Mexican	13
Other	1

Table VII

NUMBER OF SOCIAL SERVICE CASE WORK INTERVIEWS

	Client			Collateral		
Total	In Person	Telephone	Total	In Person	Telephone	Total
3127	1464	89	1553	435	1139	1574

MIGRANT HEALTH PROGRAM
NEW JERSEY

1970

Table V

DISPOSITION OF SOCIAL SERVICE CASES AT CLOSING

County	Total Number of Different Cases Served	Total Closed	Services Completed	Made Own Plans	Referred Elsewhere	Undetermined	Active Cases Carried Over to October 1
Grand Total	585	482	341	63	53	25	103

Table VI

Distribution of Social Service Cases by Major Problems

County	Total Problems	Death (Burial)	Financial: Food and Clothing	Child Neglect	Employment	Physical Health	Mental Health	Mental Retardation	Family Relations:- Marital & Parent-Child	Illegitimate Pregnancy	Personal Adjustment	Housing & Environmental Conditions	Transportation	Legal Aid	Substitute Care of Children	Social Security and Medicare	Education	Recreation	Problems on Aging	Inadequate Child Care	Dental Problems	Inquiry for Out-of-Town Agencies	Other:
Grand Total	1161	2	186	2	23	217	11		9		13	55	347	21	2	40	53	35	1	2	28	2	112

PLEASE NOTE: The total number of problems will not equal total number of cases served as some families or individuals have more than one problem.

Sanitation

Surveys of Camp Water Supplies
Health Department Certification Program
Migrant Health Program
New Jersey
1970

County	No. of Camps Listed	Camps Reported Inactive	No. of Camps Surveyed	No. with Sat. Tests	Unsat. Tests	Munci. Water	No. of Camps Certified
Atlantic	187	34	153	148	0	5	153
Bergen	24	4	20	9	0	11	20
Burlington	109	24	85	75	1	9	84
Camden	61	9	52	48	0	4	52
Cape May	23	7	16	14	1	1	15
Cumberland	291	64	227	215	6	6	221
Essex	3	0	3	2	0	1	3
Gloucester	449	80	369	339	6	24	363
Hunterdon	14	4	10	10	0	0	10
Mercer	22	9	13	13	0	0	13
Middlesex	45	11	34	26	1	7	33
Monmouth	136	30	106	84	2	20	104
Morris	23	5	18	11	0	7	18
Ocean	21	3	18	17	1	0	17
Passaic	12	1	11	3	0	8	11
Salem	251	43	208	191	3	14	205
Somerset	9	3	6	6	0	0	6
Sussex	7	0	7	7	0	0	7
Union	11	2	9	4	0	5	9
Warren	28	5	23	22	1	0	22
Total	1726	338	1388	1244	22	122	1366

Sanitation

* Installations of Water-Carried Sewage Disposal Facilities in Migrant Camps
New Jersey
1970

County	Total Number of Camps	No. of camps that had flush toilets before January 1970	No. of camps that installed flush toilets since January 1970 (complete)	No. of camps pending installation	No. of camps given Exception/ Alternate systems; (flush toilets not installed)
Atlantic	132	39	57	35	1
Bergen	21	17	4	0	0
Burlington	81	34	28	1	18
Camden	51	22	21	7	1
Cape May	13	8	5	0	0
Cumberland	204	51	108	27	18
Essex	3	1	0	0	2
Gloucester	358	88	238	21	11
Hunterdon	8	7	1	0	0
Mercer	16	7	4	1	4
Middlesex	34	26	5	0	3
Monmouth	94	69	11	0	14
Morris	17	5	12	0	0
Ocean	13	9	2	2	0
Passaic	10	7	3	0	0
Salem	194	43	117	23	11
Somerset	6	3	2	0	1
Sussex	4	2	0	0	2
Union	8	5	3	0	0
Warren	21	4	13	4	0
Totals	1288	447	634	121	86

* Source: Bureau of Migrant Labor New Jersey Department of Labor as of 12/14/70

Migrant Schools

NEW JERSEY DEPARTMENT OF EDUCATION
HEALTH SCREENING
IN MIGRANT SCHOOLS
SCHOOL HEALTH PROGRAM
1970

Examination or Test	Number Tests Given	Number Referred For Further Test	Number with Positive Findings	Number Referred for Treatment	Number Receiving Treatment
Eye Screening	2064	385	288	159	159
Auditory Screening	1947	50	28	25	25
T. B. Test	1935	28		28	7
Ear and Nose			19	10	9
Heart			32	18	18
Throat			40	33	25
Hernia			14	14	6
Ringworm	1181		2		2
Orthopedic			12	12	10
Other			25	25	25
Total	7127	463	460	324	286

Dental Treatment

July 1970 - August 1970

RESULTS OF DENTAL TREATMENT PROGRAM

Schools	Number of Visits	Permanent Extractions	Deciduous Extractions	Amalgam Restorations	Silicates	Days Worked
ATLANTIC COUNTY						
Donini School (Buena)	187	10	46	208	0	26
Collings Lake						
BURLINGTON COUNTY						
Indian Mills	111	5	60	134	14	27
CAPE MAY COUNTY						
Woodbine	141	2	5	100	8	27
CUMBERLAND COUNTY						
Cedarville	67	0	19	99	7	11
Port Norris	104	6	38	43	0	13
Rosenhayn	119	2	13	47	9	14
Stow Creek	67	0	12	81	2	11
GLOUCESTER COUNTY						
Aura	91	0	18	106	0	15
Swedesboro	82	3	11	88	0	13
MIDDLESEX COUNTY						
Cranbury	183	20	22	92	23	25
SALEM COUNTY						
Woodstown	173	16	35	176	0	17
TOTALS	1,325[1]	64	279	1,174	63	199

EVENING CLINICS FOR ADULTS

Community	Number of Visits	Permanent Extractions	Amalgam Restorations	Periodontal Procedures	Silicates	Misc.	Sessions[2]
GLOUCESTER COUNTY							
Woodbury	48	16	25	8	13	3	12
MIDDLESEX COUNTY							
Cranbury[3]	60	150	74	0	0	0	5
SALEM COUNTY							
Woodstown	122	81	28	11	21	4	12
TOTALS	230	247	127	29	34	7	29

1 - Does not include 900 children screened in SCOPE Head Start Programs.
2 - Each session 2 1/2 to 3 hours.
3 - Through August 19; clinic still in operation.

Eye Screening

NEW JERSEY COMMISSION FOR THE BLIND
MOBILE EYE EXAMINATION UNIT
SCREENING, REFERRAL, FINDINGS
MIGRANT SCHOOL HEALTH PROGRAM
1970

Activity	Age Groups					Totals
	3-6	7-10	11-14	15-19	No Age Given	
Screening						
Number Screened	599	955	436	69		2064
Percent	29.0	46.3	21.1	3.3		99.7
Referral						
Number Referred	96	141	104	39	5	385
Percent	24.8	36.7	26.9	10.1	1.5	100
Percent Referred of Screened	15.1	14.8	23.7	56.5		18.7
Findings						
Normal	32	31	27	3	1	93
Percent	33.3	21.8	26.0	07.6	20	25.4
Positive No.	60	110	77	36	4	288
Percent	62.5	77.4	74.0	92.4	80	74.6
Uncooperative	4	1	0	0	0	5
Percent	04.2	0.08	0	0	0	
Totals	96	141	104	39	5	385
Percent	100	100	100	100	100	100
Percent with Positive Findings of Total Screened	10.1	11.5	17.6	52.1	-	13.9

NEW JERSEY STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

Evening Clinics
1970 Season

Physical Exam • *Immunization* • *Health Tests* • *Dental Check* • *Social Service*
Phone for Appointment or Ask the Public Health Nurse

COUNTY	AGENCY	PHONE
Cumberland	**Cumberland County Health Department**	**(609) 451-8000**
Tuesday and Thursday, 7:00 P.M. at the Bridgeton Hospital		*June 9 thru August 25*
Gloucester	**Gloucester County Visiting Nurse Association**	**(609) 845-0460**
Family Clinic, Thursdays, 7:00 P.M. *Dental Clinic, Tuesdays and Thursdays, 6:00 P.M.*	*at Gloucester County Health Center, Carpenter Street, Woodbury*	*July 9 thru August 27*
Mercer	**Community Nursing Service, Princeton Hospital**	**(609) 921-7700**
Family Clinic and Dental Clinic *Wednesdays, 7:30 P.M. at Cranbury School, Main Street, Cranbury*		*August thru September*
Middlesex	**Middlesex County Visiting Nurse Association**	**(201) 249-0477**
Family Clinic and Dental Clinic *Wednesdays, 7:30 P.M. at Cranbury School, Main Street, Cranbury*		*August thru September*
Monmouth	**MCOSS Family Health and Nursing Service**	**(201) 462-0621**
Thursdays, 7:30 P.M. at Freehold Health Center, 37 Marcy Street, Freehold		*July 30 thru September 17*
Salem	**Salem County Health Department** **Migrant Health Program**	**(609) 769-2800**
Family Clinic, Tuesdays, 6:00 P.M. at Salem County Memorial Hospital		*July 7 thru August 25*
Physical Examination Clinic, Tuesdays, 6:00 P.M. at Salem County Health Department		*June 23 thru August 25*
Dental Clinic, Mondays and Wednesdays, 6:00 P.M. at Salem County Health Department		*July 13 thru August 19*

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